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| Fill in this information to identify your case:                                 |  |            |  |
|---|--|------------|--|
| United States Bankruptcy Court for the:  Northern District of: Illinois (State) |  |            |  |
| Case number (if known)  | Chapter you are filing under:              |            |  |
|   | Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if t |  |

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |
|---|----------------------------|---|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name  | Monica                     |   |
| Write the name that is on   | First name                 | First name                                    |
| your government-issued<br>picture identification (for<br>example, your driver's | Middle name Owens          | Middle name                                   |
| license or passport   | Last name                  | Last name                                     |
| Bring your picture identification to your meeting with the trustee.             | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you  | Monica                     |   |
| have used in the last   | First name                 | First name                                    |
| 8 years   |                            |   |
| Include your married or   | Middle name                | Middle name                                   |
| maiden names.   | Owens-Jones Last name      | Last name                                     |
|   | Last Harie                 | Lastrianie                                    |
|   | First name                 | First name                                    |
|   | Middle name                | Middle name                                   |
|   | Last name                  | Last name                                     |
| 3. Only the last 4 digits of your Social  | XXX - XX- 3245             | xxx - xx-                                     |
| Security number or<br>federal Individual  | OR                         | OR  |
| Taxpayer Identification number (ITIN)   | 9 xx - xx-                 | 9 xx - xx-                                    |

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| Debtor 1 Monica First Name                                   | Middle Name Last Name   | Case number (if known)   |
|--|---|--|
|  |   |  |
|  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. Any business names and Employer                           | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
| Identification<br>Numbers (EIN) you<br>have used in the last | Business name   | Business name  |
| 8 years  | Business name   | Business name  |
| Include trade names and doing business as names              | EIN   | EIN  |
|  | EIN   | EIN  |
| 5. Where you live  |   | If Debtor 2 lives at a different address:  |
|  | 9308 S Luella  Number Street  | Number Street  |
|  | Chicago Illinois 60617  | City State Zip Code  |
|  | City State Zip Code Cook  | City State Zip Code  |
|  | County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|  | Number Street   | Number Street  |
|  |   |  |
|  | City State Zip Code   | City State Zip Code  |
| 6. Why you are choosing this district                        | Check one:  | Check one:   |
| to file for bankruptcy                                       | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                               |
|  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |

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| Debtor 1 Monica   |  | Owens  | _ Case number (if kn   | own)  |
|---|--|--|--|---|
| First Name  | Middle Name  | Last Name  |  |   |
| Part 2: Tell the Court Abo  | out Your Bankruptcy  | Case   |  |   |
| <ol> <li>The chapter of the<br/>Bankruptcy Code you<br/>are choosing to file<br/>under</li> </ol>   |  | ef description of each, see <i>Notice R</i> .010)). Also, go to the top of page 1 a  |  |   |
| 8. How you will pay the fee   | more details about cashier's check, of may pay with a crimary pay with a crimary pay the substitution of t | ut how you may pay. Typically, if or money order If your attorney redit card or check with a pre-prie fee in installments. If you choo y Your Filing Fee in Installments by fee be waived (You may reques not required to, waive your fee, ty line that applies to your family | you are paying the is submitting you nted address.  see this option, signormal of the control of | the clerk's office in your local court for the fee yourself, you may pay with cash, ar payment on your behalf, your attorney and attach the <i>Application for</i> 3A).  If you are filing for Chapter 7. By law, a sally if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official) |
| 9. Have you filed for<br>bankruptcy within the<br>last 8 years?   | Ves. District District District  | Wh   | MM / DD / YYYY en MM / DD / YYYY   | Case number  Case number  Case number   |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. Debtor District Debtor District   | <u>W</u> h   | MM / DD / YYYY   | Relationship to you  Case number, if known  Relationship to you  Case number, if known  |
| 11. Do you rent your residence?   | ✓ No. Go   | dlord obtained an eviction judgmen   |  | o you want to stay in your residence?  st You (Form 101A) and file it with  |

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Debtor 1 Monica Owens \_\_ Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Monica Owens Case number (if known)
First Name Middle Name Last Name

| Part 5: Exp                                       | lain Your Effo  | rts to Receive a Brie   | fing About Credit Counseling   |                                   |  |   |                                 |
|---|---|---|--|-----------------------------------|--|---|---------------------------------|
|   |   | About Debtor 1:   |  | About Deb                         | otor 2 (Sp                                       | oouse Only in a Joint Cas   | e):                             |
| 15. Tell the o                                    | court   | You must check one:   |  | You must cl                       | heck one:  |   |                                 |
| whether<br>received<br>about cr<br>counseli       | edit  | counseling agen   | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.  | counse<br>filed thi               | ling ager<br>is bankru                           | ing from an approved cred<br>ncy within the 180 days bein<br>ptcy petition, and I receive<br>apletion.  | fore I                          |
|   | equires that<br>ve a briefing                               |   | he certificate and the payment plan, veloped with the agency.  |                                   |  | he certificate and the payme veloped with the agency.   | nt plan,                        |
| about cre<br>counseling<br>file for ba<br>You mus | edit<br>ng before you<br>ankruptcy.<br>t truthfully         | counseling agen   | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, but I do not have a<br>npletion.   | counse<br>filed thi               | ling ager<br>is bankru                           | ing from an approved cred<br>ncy within the 180 days be<br>ptcy petition, but I do not<br>npletion.   | fore I                          |
| you cann  | e of the<br>choices. If<br>ot do so, you<br>igible to file. |   | er you file this bankruptcy petition, opy of the certificate and payment   |                                   | ST file a c                                      | er you file this bankruptcy pe<br>opy of the certificate and pay  |                                 |
| If you file<br>court car<br>case, you             | anyway, the<br>dismiss your<br>will lose<br>filing fee you  | from an approve obtain those ser made my reques                   | ked for credit counseling services<br>ed agency, but was unable to<br>vices during the 7 days after I<br>st, and exigent circumstances<br>emporary waiver of the                 | from an<br>obtain t<br>made n     | n approve<br>those sen<br>ny reques<br>30-day te | ked for credit counseling sed agency, but was unable vices during the 7 days after, and exigent circumstancemporary waiver of the                                 | to<br>ter I                     |
| creditors   | can begin<br>n activities                                   | requirement, attac<br>efforts you made t<br>unable to obtain it   | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and umstances required you to file this     | requirer<br>efforts y<br>unable t | ment, atta<br>ou made<br>to obtain i             | ay temporary waiver of the<br>ch a separate sheet explainir<br>to obtain the briefing, why yo<br>t before you filed for bankrup<br>umstances required you to file | u were<br>otcy, and             |
|   |   |   | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.   | with you                          |  | e dismissed if the court is diss<br>for not receiving a briefing b<br>ruptcy.   |                                 |
|   |   | receive a briefing<br>must file a certifica<br>with a copy of the | fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. | receive<br>must file<br>with a co | a briefing<br>a certification                    | fied with your reasons, you n<br>within 30 days after you file. ate from the approved agend<br>payment plan you develope<br>o, your case may be dismisse          | You<br>cy, along<br>ed, if any. |
|   |   |   | he 30-day deadline is granted only mited to a maximum of 15 days.  |                                   |  | he 30-day deadline is grante<br>mited to a maximum of 15 da   |                                 |
|   |   | I am not required counseling beca                                 | d to receive a briefing about credit<br>ause of:   |                                   | t require  | d to receive a briefing abou<br>ause of:  | ıt credit                       |
|   |   | Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.  | Inca                              | apacity.   | I have a mental illness or a<br>deficiency that makes me<br>incapable of realizing or ma<br>rational decisions about fina   | aking                           |
|   |   | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.     | ☐ Disa                            | ability.   | My physical disability cause<br>be unable to participate in<br>briefing in person, by phon-<br>through the internet, even a<br>reasonably tried to do so.         | a<br>e, or                      |
|   |   | Active duty.  | I am currently on active military duty in a military combat zone.  | Acti                              | ive duty.  | I am currently on active mili<br>duty in a military combat zo   |                                 |
|   |   | about credit coun   | are not required to receive a briefing seling, you must file a motion for ounseling with the court.  | about ci                          | redit cour                                       | are not required to receive a<br>seling, you must file a motion<br>ounseling with the court.  |                                 |

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Debtor 1 Monica Owens Case number (if known) Middle Name First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **7** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$1,000,001-\$10 million \$0-\$50,000 \$500,000,001-\$1 billion 19. How much do you **V** \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Monica Owens Signature of Debtor 1 Signature of Debtor 2 Executed on \_ 7/19/2017 Executed on MM / DD / YYYY MM / DD / YYYY

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| Debtor 1 Monica                                  |                            | Owens                    | Case number (if          | known)  |
|--|----------------------------|--------------------------|--------------------------|---|
| First Name                                       | Middle Name                | Last Name                |                          |   |
| For your attorney, if you are represented by one | eligibility to proceed unc | ler Chapter 7, 11, 12, o | r 13 of title 11, Unite  | nave informed the debtor(s) about<br>d States Code, and have explained the<br>also certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ  | ired by 11 U.S.C. § 342  | 2(b) and, in a case in v | which § 707(b)(4)(D) applies, certify that I  |
| represented by an                                | have no knowledge after    | an inquiry that the info | rmation in the sched     | lules filed with the petition is incorrect.   |
| attorney, you do not                             | 4.5                        |                          |                          |   |
| need to file this page.                          | /s/ Kashwal Kaur           |                          | Date _                   | 7/19/2017   |
|  | Signature of Attorney for  | or Debtor                |                          | IM / DD / YYYY  |
|  |                            |                          |                          |   |
|  |                            |                          |                          |   |
|  | Kashwal Kaur               |                          |                          |   |
|  | Printed name               |                          |                          |   |
|  | Semrad Law Firm            |                          |                          |   |
|  | Firm name                  |                          |                          |   |
|  | 11101 S. Western Ave       | nue                      |                          |   |
|  | Street                     |                          |                          |   |
|  |                            |                          |                          |   |
|  |                            |                          |                          |   |
|  | Chicago                    |                          | Illinois                 | 60643   |
|  | City                       |                          | State                    | Zip Code  |
|  | O and and and a second     |                          |                          |   |
|  | Contact phone              |                          | Email address            | kkaur@semradlaw.com   |
|  |                            |                          | 1022.                    |   |
|  | Bar number                 |                          | Illinois<br>State        | <u> </u>  |
|  | Dai Hullibei               |                          | State                    |   |

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| Fill in this infor        | mation to identify your ca | ase:        |                      |
|---------------------------|----------------------------|-------------|----------------------|
| Debtor 1                  | Monica                     |             | Owens                |
|                           | First Name                 | Middle Name | Last Name            |
| Debtor 2                  |                            |             |                      |
| (Spouse, if filing)       | First Name                 | Middle Name | Last Name            |
| United States E           | Sankruptcy Court for the:  | Northern    | District of Illinois |
|                           |                            |             | (State)              |
| Case number<br>(If known) |                            |             |                      |

| Check if this is an |  |
|---------------------|--|
| amended filing      |  |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Your assets<br>Value of what you own          |
|--|---|
| . Schedule A/B: Property (Official Form 106A/B)  | \$35,666.50                                   |
| 1a. Copy line 55, Total real estate, from Schedule A/B   |   |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$3,545.00                                    |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$39,211.50                                   |
| Summarize Your Liabilities   |   |
|  | Your liabilities<br>Amount you owe            |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                   | \$9,638.00                                    |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | <del>ψο,οσο.σο</del>                          |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$6,000.00                                    |
|  |   |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     |   |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>              | \$6,593.00                                    |
|  | \$6,593.00<br>\$22,231.00                     |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>           | <u>·                                     </u> |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>           | \$22,231.00                                   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>           | <u>·                                     </u> |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  |   |

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Owens Debtor 1 Monica \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$2,554.06 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$6,000.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$6,000.00

9g. Total. Add lines 9a through 9f.

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| Fill in this i                                       | nformation to identify your case:   |  |   |
|--|---|--|---|
| Debtor 1   | Monica  | Owens  |   |
| Debtor 2   | First Name Mid  | dle Name Last Name   |   |
| (Spouse, if filing                                   | ng) First Name Mid  | dle Name Last Name   |   |
| United Stat  | tes Bankruptcy Court for the: Northern  | District of Illinois   |   |
| Case numb  | per   | (State)  |   |
| Officia  | I Form 106A/B   |  | Check if this is an amended filing  |
| Sched  | lule A/B: Property  |  | 12/1  |
| category w<br>responsible<br>write your i<br>Part 1: | there you think it fits best. Be as complete for supplying correct information. If me name and case number (if known). Answ Describe Each Residence, Building | is. List an asset only once. If an asset fits in more the ste and accurate as possible. If two married people appressive space is needed, attach a separate sheet to this ster every question.  Land, or Other Real Estate You Own or Have set in any residence, building, land, or similar propers.   | are filing together, both are equally form. On the top of any additional pages,   |
|  | No. Go to Part 2  Yes. Where is the property?   | oot in any restaurites, sainting, raine, or similar prope  |   |
| 1.1  | Street address, if available, or other descript 12927 S. Lowe Ave.  Number Street  Chicago Illinois 60628 City State Zip Code  Cook County                    | What is the property? Check all that apply.  ✓ Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property  Timeshare  Other  Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this in property identification number:            | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property? \$71333.00  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  Check if this is community property (see instructions) |
| 1.2  | Street address, if available, or other descript  Number Street  City State Zip Code   | What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land Investment property  Timeshare Other  Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this in property identification number: | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  Check if this is community property (see instructions)            |

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| Debtor 1                          | Monica  |  | Owens Case numb   | er (if known)   |  |
|-----------------------------------|---|--|---|---|--|
|                                   | First Name  | Middle Name                              | Last Name   |   |  |
| 1.3                               | et address, if available, or o                                |  | What is the property? Check all that apply.  Single-family home   | the amount of any sec   | I claims or exemptions. Put ured claims on Schedule D: laims Secured by Property.                |
|                                   | et deuress, il avallable, or o                                |  | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home                                    | Current value of the entire property?                             | Current value of the portion you own?  |
| Nun                               | nber Street<br>State  | Zip Code                                 | Land Investment property Timeshare Other  | Describe the nature interest (such as fee the entireties, or a li | simple, tenancy by   |
| you ha                            | ve attached for Part 1. W                                     | ortion you own for<br>rite that number h | <b>&gt;</b>   | (see instructions , such as local es for pages                    | 5666.50  |
| you own th<br>3. Cars, va<br>\ No | hat someone else drives. If<br>ins, trucks, tractors, sport u | you lease a vehicle,                     | t in any vehicles, whether they are registered or n<br>also report it on Schedule G: Executory Contracts and<br>rcycles |   |  |
| 3.1                               | s<br>Make<br>Model:<br>Year:                                  | Kia<br>Sportage<br>2007                  | Who has an interest in the property? Check one.  Debtor 1 only  | the amount of any sec   | d claims or exemptions. Put<br>cured claims on <i>Schedule D:</i><br>Claims Secured by Property. |
|                                   | Approximate mileage: Other information: 2007 Kia Sportage     | 120000                                   | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | Current value of the entire property?<br>\$2700.00                | Current value of the portion you own?<br>\$2700.00   |
|                                   |   |  | Check if this is community property (see instructions)  |   |  |
| 3.2                               | Make<br>Model:<br>Year:                                       |  | Who has an interest in the property? Check one.  Debtor 1 only  | the amount of any sec   | d claims or exemptions. Put cured claims on Schedule D: Claims Secured by Property.              |
|                                   | Approximate mileage:  Other information:                      |  | Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another                                      | Current value of the entire property?                             | Current value of the portion you own?  |
|                                   |   |  | Check if this is community property (see instructions)  |   |  |

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| ake<br>odel:<br>ear:<br>oproximate mileage: |  |  |  | r (if known)  |  |
|---|--|--|--|---|--|
|   |  | Who has an interest in the pone.  Debtor 1 only  | roperty? Check   | Do not deduct secured<br>the amount of any secu-<br>Creditors Who Have Cla  | •  |
| thar information.                           |  | Debtor 2 only  Debtor 1 and Debtor 2 only  | ,  | Current value of the entire property?   | Current value of the portion you own?  |
| ther information:                           |  |  |  |   |  |
|   |  | At least one of the debtors  |  |   |  |
|   |  | Check if this is communi instructions)   | ty property (see   |   |  |
| ake   |  |  | roperty? Check   | Do not deduct secured   |  |
| odel:                                       |  |  |  |   |  |
|   |  |  |  | Creditors virio riave Cia   | ums secured by Fropen  |
| oproximate mileage.                         |  | Debtor 2 only  |  | Current value of the  | Current value of the   |
| ther information:                           |  | Debtor 1 and Debtor 2 only   | /  | entire property?  | portion you own?   |
|   |  | At least one of the debtors  | and another  |   |  |
|   |  |  | ty property (see   |   |  |
| ake<br>odel:                                |  | Who has an interest in the pone.   | roperty? Check   | Do not deduct secured the amount of any secu  | red claims on <i>Schedule</i>  |
| ear:  | ·  | Debtor 1 only  |  | Creditors Who Have Cla  | nims Secured by Propen   |
| oproximate mileage:                         |  | Debtor 2 only  |  | Current value of the  | Current value of the   |
| ther information:                           |  | Debtor 1 and Debtor 2 only   | /  | entire property?  | portion you own?   |
|   |  | At least one of the debtors  | and another  |   |  |
|   |  | Check if this is communi instructions)   | ty property (see   |   |  |
|   |  | Who has an interest in the p   | roperty? Check   | Do not deduct secured   |  |
| ake   |  | one.   |  | the amount of any secu  | •  |
| odel:                                       |  |  |  |   | red claims on <i>Schedul</i> e   |
| odel:<br>ear:                               |  | Debtor 1 only  |  | Creditors Who Have Cla  | red claims on <i>Schedul</i> e   |
| odel:                                       |  | Debtor 1 only Debtor 2 only  |  | Creditors Who Have Cla  | red claims on Schedule<br>hims Secured by Proper<br>Current value of the   |
| odel:<br>ear:                               |  | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   |  | Creditors Who Have Cla  | red claims on Schedule<br>ims Secured by Proper  |
| odel:<br>ear:<br>oproximate mileage:        |  | Debtor 1 only Debtor 2 only  |  | Creditors Who Have Cla  | red claims on Schedule<br>hims Secured by Proper<br>Current value of the   |
| t   | odel: ar: proximate mileage: her information:  raft, aircraft, motor hor as: Boats, trailers, motors  ake odel: ar: proximate mileage: | proximate mileage:  her information:  raft, aircraft, motor homes, ATVs and other as: Boats, trailers, motors, personal watercraft,  ake bodel: ar: proximate mileage: | who has an interest in the property one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors  Check if this is communi instructions)  Traft, aircraft, motor homes, ATVs and other recreational vehicles, other was: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, mare are proximate mileage:  Who has an interest in the property one.  Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only At least one of the debtors  At least one of the debtors one. Debtor 1 and Debtor 2 only At least one of the debtors | who has an interest in the property? Check one.  ar:  pproximate mileage:  her information:  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  raft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and access: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  who has an interest in the property? Check one.  ar:  Debtor 1 only  Debtor 1 only  Debtor 2 only  her information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another | instructions)  Who has an interest in the property? Check one.  Do not deduct secured the amount of any secund creditors Who Have Class one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Traft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Traft, aircraft, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one.  The proximate mileage:  Debtor 1 only  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Current value of the entire property?  Current value of the entire property?  Current value of the entire property?  Current value of the entire property? |

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Debtor 1 Monica Owens Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Misc. Household Goods \$350.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Misc. Electronics \$150.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... Misc. Used Clothing \$225.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Misc. Jewelry \$100.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$825.00 for Part 3. Write that number here .....

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Owens Debtor 1 Monica Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ✓ Yes ..... \$20.00 Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$0.00 17.1. Checking account: Greendot Account Now 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No % of ownership: Name of entity Yes. Give specific information about

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| Deb <sup>-</sup> | tor 1 Monica                                       | NA'-d-II - NI  | Owens                      | Case number (if known)                      |   |
|------------------|--|--|----------------------------|---|---|
| 20.              |  | Middle Name  |                            |   |   |
|                  |  | include personal checks, cashiers<br>ents are those you cannot transfe                 |                            |   |   |
|                  | ✓ No  Yes. Give specific                           | ·  |                            | g or demoning thom                          |   |
|                  | information about them                             | Issuer name:   |                            |   |   |
|                  |  |  |                            |   |   |
| 21.              | Retirement or pension<br>Examples: Interests in IF |  | ), thrift savings account  | s, or other pension or profit-sharing plans |   |
|                  | <b>✓</b> No  | Time of account  | Landik, dinanganan         |   |   |
|                  | Yes. List each account                             | Type of account: 401(k) or similar plan:   | Institution name:          |   |   |
|                  | separately.  | Pension plan:  |                            |   |   |
|                  |  | IRA:   |                            |   |   |
|                  |  | Retirement account:  |                            |   |   |
|                  |  | Keogh:   |                            |   |   |
|                  |  | Additional account:  |                            |   |   |
|                  |  | Additional account:  |                            |   |   |
| 22.              | Examples: Agreements v companies, or others        | prepayments<br>I deposits you have made so that<br>with landlords, prepaid rent, publi |                            |   |   |
|                  | ✓ No  Yes  |  | monation name.             |   |   |
|                  | res  | Electric:  |                            |   |   |
|                  |  | Gas:   |                            |   |   |
|                  |  | Heating oil:   |                            |   | - |
|                  |  | Security deposit on rental unit:   |                            |   |   |
|                  |  | Prepaid rent:  |                            |   |   |
|                  |  | Telephone:   |                            |   |   |
|                  |  | Water:   |                            |   |   |
|                  |  | Rented furniture:  |                            |   |   |
|                  |  | Other:   |                            |   |   |
| 23.              | Annuities (A contract fo                           | or a periodic payment of money to  | you, either for life or fo | r a number of years)                        |   |
|                  | <b>✓</b> No  | lancer and describe  |                            |   |   |
|                  | Yes  | Issuer name and description:   |                            |   |   |
|                  |  | -  |                            |   |   |
|                  |  | -  |                            |   |   |
|                  |  |  |                            |   |   |

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| Debt | or 1 Monica   | Mariana M  | Owens   | Case number (if known)  |   |
|------|---|--|---|---|---|
| 24.  | First Name  | Middle N   | lame Last Name  ount in a qualified ABLE program, or und  | der a qualified state tuition program   |   |
| 24.  | 26 U.S.C. §§ 530(b)(1   |  |   | zer a quanneu state tuition program.  |   |
|      | No  |  |   |   |   |
|      | Yes   | ion name and descrip                                     | tion. Separately file the records of any intere   | ests.11 U.S.C. § 521(c):  |   |
|      |   |  |   |   |   |
|      |   |  |   |   |   |
|      |   |  |   |   |   |
| 25.  | Trusts, equitable or  | future interests in p                                    | roperty (other than anything listed in lin  | e 1), and rights or powers  |   |
|      | exercisable for your  | •  | ,  ,  ,  ,  ,  ,  ,  ,  ,  ,  ,  ,  ,   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   |
|      | <b>✓</b> No   |  |   |   |   |
|      | Yes. Describe   |  |   |   |   |
|      |   |  |   |   |   |
| 26.  | Patents, copyrights,  | trademarks, trade s                                      | secrets, and other intellectual property  |   |   |
|      | Examples: Internet do   | main names, websites                                     | s, proceeds from royalties and licensing agre   | eements   |   |
|      | <b>✓</b> No   |  |   |   |   |
|      | Yes. Describe   |  |   |   |   |
|      |   |  |   |   |   |
| 27.  | Licenses, franchises  | _  | _   |   |   |
|      | Examples: Building pe   | ermits, exclusive licens                                 | es, cooperative association holdings, liquor  | r licenses, professional licenses   |   |
|      | No No   |  |   |   |   |
|      | Yes. Describe   |  |   |   |   |
|      |   |  |   |   |   |
|      |   |  |   |   |   |
| Mor  | ney or property owe   | ed to you?   |   |   | Current value of the  |
| Mor  | ney or property owe   | ed to you?   |   |   | portion you own?  |
| Mor  | ney or property owe   | ed to you?   |   |   |   |
|      | ney or property owe   |  |   |   | portion you own? Do not deduct secured  |
|      |   |  |   |   | portion you own? Do not deduct secured  |
|      | Tax refunds owed to   | <b>you</b><br>information                                |   | Federal:  | portion you own? Do not deduct secured  |
|      | Tax refunds owed to  No Yes. Give specific about them,  | you  |   | Federal:<br>State:  | portion you own?  Do not deduct secured claims or exemptions.   |
|      | Tax refunds owed to   | you<br>information<br>including whether                  |   | State:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  |
| 28.  | Tax refunds owed to   | you information including whether iled the returns       |   |   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  |
| 28.  | Tax refunds owed to a No Yes. Give specific about them, you already f and the tax y   | you information including whether iled the returns rears | pousal support, child support, maintenance  | State:<br>Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed to a No Yes. Give specific about them, you already f and the tax y   | you information including whether iled the returns rears | pousal support, child support, maintenance  | State:  Local:  e, divorce settlement, property settlement                              | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed to a No Yes. Give specific about them, you already f and the tax y  Family support Examples: Past due or   | you information including whether iled the returns rears | pousal support, child support, maintenance  | State:<br>Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed to your No Yes. Give specific about them, you already f and the tax your support Examples: Past due or No  | you information including whether iled the returns rears | pousal support, child support, maintenance  | State:  Local:  e, divorce settlement, property settlement                              | portion you own?  Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                     |
| 28.  | Tax refunds owed to your No Yes. Give specific about them, you already f and the tax your support Examples: Past due or No  | you information including whether iled the returns rears | pousal support, child support, maintenance  | State: Local: e, divorce settlement, property settlement Alimony:                       | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t                                   |
| 28.  | Tax refunds owed to your No Yes. Give specific about them, you already f and the tax your support Examples: Past due or No  | you information including whether iled the returns rears | pousal support, child support, maintenance  | State: Local: e, divorce settlement, property settlement Alimony: Maintenance:          | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00                               |
| 28.  | Tax refunds owed to your No Yes. Give specific about them, you already f and the tax your support Examples: Past due or No  | you information including whether iled the returns rears | pousal support, child support, maintenance  | State: Local: e, divorce settlement, property settlement Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00                |
| 29.  | Tax refunds owed to y  No  Yes. Give specific about them, you already from and the tax y  Family support Examples: Past due or  No  Yes. Give specific  Other amounts some                                  | information including whether iled the returns rears     |   | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.  | Tax refunds owed to  ✓ No  Yes. Give specific about them, you already f and the tax y  Family support  Examples: Past due or  ✓ No  Yes. Give specific  Other amounts some  Examples: Unpaid wag            | information including whether iled the returns rears     | pousal support, child support, maintenance<br>e payments, disability benefits, sick pay, vac<br>eans you made to someone else | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00        |
| 29.  | Tax refunds owed to  ✓ No  Yes. Give specific about them, you already f and the tax y  Family support  Examples: Past due or  ✓ No  Yes. Give specific  Other amounts some  Examples: Unpaid wag            | information including whether iled the returns rears     | e payments, disability benefits, sick pay, vac  | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00        |
| 29.  | Tax refunds owed to   ✓ No  Yes. Give specific about them, you already f and the tax y  Family support Examples: Past due or  ✓ No  Yes. Give specific  Other amounts some Examples: Unpaid wag Social Secu | information including whether iled the returns rears     | e payments, disability benefits, sick pay, vac  | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00        |
| 29.  | Tax refunds owed to   ✓ No  Yes. Give specific about them, you already f and the tax y  Family support Examples: Past due or  ✓ No  Yes. Give specific  Other amounts some Examples: Unpaid wag Social Secu | information including whether iled the returns rears     | e payments, disability benefits, sick pay, vac  | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00        |

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| Deb  | tor 1 Monica  |                           | Owens  | Case number (if known)                          |  |
|------|---|---------------------------|--|---|--|
|      | First Name  | Middle Nam                | e Last Name  |   | <u> </u>   |
| 31.  | Interests in insurance paramples: Health, disabil     |                           | ealth savings account (HSA); credit, h                         | omeowner's, or renter's insurance               |  |
|      | Yes. Name the insura of each policy and list          |                           | Company name:  | Beneficiary:                                    | Surrender or refund value:   |
| 32.  | If you are the beneficiary property because someo  No | of a living trust, expect | n someone who has died<br>proceeds from a life insurance polic | y, or are currently entitled to receive         |  |
| 33.  |   |                           | you have filed a lawsuit or made                               | a demand for payment                            |  |
|      | Examples: Accidents, em  No Yes. Describe             | ployment disputes, ins    | surance claims, or rights to sue                               |   |  |
| 34.  | Other contingent and u                                | <br>inliquidated claims o | f every nature, including counter                              | claims of the debtor and rights                 |  |
|      | No Yes. Describe                                      |                           |  |   |  |
| 35.  | Any financial assets yo                               | u did not already list    |  |   |  |
|      | Ves. Describe   |                           |  |   |  |
| 36.  |   | -                         | om Part 4, including any entries fo                            |   | \$20.00  |
| Part | 5: Describe Any Bu                                    | siness-Related Pr         | operty You Own or Have an Iı                                   | nterest In. List any real estate in Part        | t <b>1</b> .   |
| 37.  | Do you own or have any                                | / legal or equitable i    | nterest in any business-related pr                             | operty?   |  |
|      | No. Go to Part 6. Yes. Go to line 38.                 |                           |  | p<br>C  | Current value of the cortion you own? On not deduct secured claims or exemptions |
| 38.  | Accounts receivable or                                | commissions you al        | ready earned   |   |  |
|      | Yes. Describe   |                           |  |   |  |
| 39.  | Office equipment, furni<br>Examples: Business-relat   |                           | re, modems, printers, copiers, fax ma                          | achines, rugs, telephones, desks, chairs, elect | ronic devices  |
|      | ✓ No  Yes. Describe                                   |                           |  |   |  |
|      |   |                           |  |   |  |

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| Deb  | tor 1 Monica                          | Owens  | Case number (if known)     |  |
|------|---------------------------------------|--|----------------------------|--|
|      | First Name                            | Middle Name Last Name  |                            |  |
| 40.  | Machinery, fixtures, equipm           | nent, supplies you use in business, and tools of your trade        | •                          |  |
|      | <b>✓</b> No                           |  |                            |  |
|      | Yes. Describe                         |  |                            |  |
|      |                                       |  |                            |  |
|      |                                       | <del></del>  |                            |  |
| 41.  | Inventory                             |  |                            |  |
|      | <b>✓</b> No                           |  |                            |  |
|      | Yes. Describe                         |  |                            |  |
|      | 100. 2000                             |  |                            |  |
|      |                                       |  |                            |  |
| 42.  | Interests in partnerships or          | r joint ventures   |                            |  |
|      | ✓ No                                  |  |                            |  |
|      |                                       | Name of entity:  | % of ownership:            |  |
|      | Yes. Give specific information about  |  |                            |  |
|      | them                                  | <del></del>  | <del></del>                |  |
|      |                                       |  |                            |  |
|      |                                       |  |                            |  |
| 40.4 | Customer lists, mailing lists,        | av athau aamuilatiana  |                            | ·  |
| 43.  | Customer lists, maining lists,        | or other compliations  |                            |  |
|      | <b>✓</b> No                           |  |                            |  |
|      | Yes. Do your lists include            | e personally identifiable information (as defined in 11 U.S.C. § 1 | 101(41A))?                 |  |
|      | — No                                  |  |                            |  |
|      | □ No                                  |  |                            |  |
|      | Yes. Describe                         |  |                            |  |
| 11   | Any business-related prope            | arty you did not already list                                      |                            |  |
| 77.  |                                       | nty you are not an easy hat  |                            |  |
|      | <b>✓</b> No                           |  |                            |  |
|      | Yes. Give specific                    |  |                            | <u> </u>                                   |
|      | information                           | -  |                            |  |
|      |                                       |  |                            |  |
|      |                                       |  |                            |  |
|      |                                       | <u></u>  |                            | <del></del>                                |
|      |                                       |  |                            |  |
|      |                                       |  |                            |  |
|      |                                       |  |                            | <del>_</del>                               |
| 45 A | . عمل المعامل منافع المام معافل المام | versus autoine from Dout E. including any autoine for names v      | au baya attaabad           |  |
|      |                                       | your entries from Part 5, including any entries for pages yo       |                            |  |
| •    |                                       |  |                            |  |
| Part | Describe Any Farm-                    | and Commercial Fishing-Related Property You O                      | wn or Have an Interest In. |  |
|      | If you own or have an intere          | est in farmland, list it in Part 1.                                |                            |  |
| 46.  | Do you own or have any leg            | gal or equitable interest in any farm- or commercial fishin        | ig-related property?       |  |
|      | No. Go to Part 7.                     |  |                            | Current value of the                       |
|      |                                       |  |                            | portion you own?                           |
|      | Yes. Go to line 47.                   |  |                            | Do not deduct secured claims or exemptions |
| 17   | Farm animals                          |  |                            | or exemptions                              |
| 47.  | Examples: Livestock, poultry,         | , farm-raised fish   |                            |  |
|      |                                       |  |                            |  |
|      | No No                                 |  |                            |  |
|      | Yes. Describe                         |  |                            |  |
|      |                                       |  |                            |  |

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| Debt         | or 1 Monica First Name      |   | Owens<br>.ast Name      | Case number (if known)       |             |
|--------------|-----------------------------|---|-------------------------|------------------------------|-------------|
| 48.          | Crops-either growing of     |   | ast ivalie              |                              |             |
|              | <b>I</b> ✓ No               |   |                         |                              |             |
|              | Yes. Describe               |   |                         |                              |             |
|              |                             |   |                         |                              |             |
| 49.          | Farm and fishing equip      | ment, implements, machinery, fixtur                                   | es, and tools of trade  |                              |             |
|              | No No                       |   |                         |                              |             |
|              | Yes. Describe               |   |                         |                              |             |
|              | _                           |   |                         |                              |             |
| 50.          | Farm and fishing suppl      | ies, chemicals, and feed  |                         |                              |             |
|              | <b>√</b> No                 |   |                         |                              |             |
|              | Yes. Describe               |   |                         |                              |             |
|              |                             |   |                         |                              |             |
| 51.          | Any farm- and commer        | cial fishing-related property you did                                 | not already list        |                              |             |
|              | <b>✓</b> No                 |   |                         |                              |             |
|              | Yes. Describe               |   |                         |                              |             |
|              |                             |   |                         |                              |             |
| 52. A        | dd the dollar value of all  | of your entries from Part 6, includin                                 | g any entries for pages | vou have attached            |             |
|              |                             | here  |                         |                              |             |
|              |                             |   |                         | _                            |             |
|              |                             |   |                         |                              |             |
| Part 7       | 7: Describe All Pro         | perty You Own or Have an Intere                                       | est in That You Did N   | lot List Above               |             |
| 53.          |                             | perty of any kind you did not already l<br>s, country club membership | ist?                    |                              |             |
|              | No No                       | , country olds membership   |                         |                              |             |
|              | Yes. Give specific          |   |                         |                              |             |
|              | information                 |   |                         |                              |             |
|              |                             |   |                         |                              |             |
|              |                             |   |                         |                              | _           |
| 54. A        | dd the dollar value of al   | l of your entries from Part 7. Write th                               | at number here          |                              |             |
|              |                             |   |                         |                              |             |
|              |                             |   |                         |                              |             |
|              |                             |   |                         |                              |             |
| Part 8       | List the Totals of          | Each Part of this Form  |                         |                              |             |
| 55 <b>C</b>  | Part 1. Total real actate   | line 2  |                         |                              | \$35666.50  |
| JJ. F        | ait i. iotalieal estate     | , IIIIC 2   |                         |                              |             |
| 56. <b>p</b> | oart 2 total vehicles, line | e 5   | \$2700.00               |                              |             |
| 57. <b>P</b> | art 3: Total personal an    | d household items, line 15  | \$825.00                |                              |             |
| 58. <b>P</b> | art 4: Total financial as   | sets, line 36   | \$20.00                 |                              |             |
| 59. <b>F</b> | Part 5: Total business-re   | elated property, line 45  | ·                       |                              |             |
| 60. <b>F</b> | Part 6: Total farm- and f   | ishing-related property, line 52                                      |                         |                              |             |
| 61. <b>F</b> | Part 7: Total other prope   | erty not listed, line 54  |                         |                              |             |
|              |                             | Add lines 56 through 61   | <b>***</b>              |                              | 00545.00    |
|              |                             |   | \$3545.00               | Copy personal property total | + \$3545.00 |
|              |                             |   |                         |                              | \$39211.50  |
| 63. <b>T</b> | otal of all property on S   | chedule A/B. Add line 55 + line 62                                    |                         |                              |             |

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|---|--|---|---|---|--|--|---|
| Fill  | in this inforn   | nation to identify your ca  | ise:  |   |  |  |   |
| Deb   | otor 1   | Monica  |   | Owens   |  |  |   |
| Deb   | otor 2   | First Name  | Middle N  | lame Last Nar   | ne   |  |   |
| (Spc  | ouse, if filing)   | First Name  | Middle N  | lame Last Nar   | ne   |  |   |
| Uni   | ted States Ba  | ankruptcy Court for the:  | Northern  | District of Illin   |  |  |   |
|   | se number  |   |   | (Sta  |  |  |   |
| (II KI  | nown)  |   |   |   |  |  | Check if this is an   |
| Of  | fficial F  | Form 106C   |   |   |  |  | amended filing  |
| Sc  | hedule   | C: The Prope  | ertv You (  | Claim as Exen   | npt  |  | 04/16   |
| as e<br>add<br>For<br>stat<br>the<br>tax-<br>und<br>you | exempt. If n itional page each item te a specificamount of exempt relevant of the rexemption of the exemption of the exemptio | nore space is needed, es, write your name and of property you clais ic dollar amount as eff any applicable statuetirement funds—manat limits the exempt | fill out and attend case number mas exempt, exempt. Alternatory limit. Sony be unlimited ion to a partico the applicable. | ach to this page as ma<br>er (if known).<br>you must specify the<br>atively, you may claim<br>ne exemptions—suc<br>I in dollar amount. Ho<br>ular dollar amount a<br>le statutory amount. | amount of the exemption the full fair market values as those for health aidsowever, if you claim an exemption that the second se | n you claim. Oue of the propose, rights to rec | the property that you claim necessary. On the top of any one way of doing so is to erty being exempted up to eive certain benefits, and 00% of fair market value ned to exceed that amount, |
| 1.  |  |   | •   | one only, even if your sp   | • ,  |  |   |
|   |  | _   |   | uptcy exemptions. 11 U.   | S.C. § 522(b)(3)   |  |   |
|   | You a  | re claiming federal exer  | nptions. 11 U.S.  | C. § 522(b)(2)  |  |  |   |
| 2.  | For any pr   | operty you list on Sched  | dule A/B that yo  | u claim as exempt, fill i   | the information below.   |  |   |
|   |  |   |   | value of Amount o   |  |  |   |

Amount of the exemption you claim line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$350.00 description: **✓** \$350.00 Misc. Household Goods 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: Brief 735 ILCS 5/12-1001(a) \$225.00 description:  $\overline{\mathbf{V}}$ \$225.00 Misc. Used Clothing 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

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Debtor 1 Monica Owens Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$150.00 description: **✓** \$150.00 Misc. Electronics 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: Brief 735 ILCS 5/12-1001(b) \$100.00 description: **✓** \$100.00 Misc. Jewelry 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$20.00 description: **✓** \$20.00 Cash On Hand 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 16 735 ILCS 5/12-1001(b) Brief \$0.00 description: Checking account, 100% of fair market value, up to any **Greendot Account Now** applicable statutory limit

Line from Schedule A/B:

17

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|  |   | Do   | ocument Page 22 of   | 72  |   |                                    |
|--|---|--|--|---|---|------------------------------------|
| Fill in this in  | nformation to identify your ca  | se:  |  |   |   |                                    |
| Debtor 1   | Monica<br>First Name  | Middle Name  | Owens<br>Last Name   |   |   |                                    |
| Debtor 2<br>(Spouse, if filin  |   | Middle Name  | Last Name  |   |   |                                    |
| United State   |   | Northern   | District of Illinois   |   |   |                                    |
| Case numb  | per   |  | (State)  |   |   |                                    |
|  | al Form 106D  |  |  |   |   | Check if this is an amended filing |
| Sched  | dule D: Credite   | ors Who Ha   | ve Claims Secure   | ed by Prop  | erty  | 12/15                              |
| name and contact a | ase number (if known).<br>ny creditors have claims se   | ecured by your proper  | nber the entries, and attach it to t  ty?  with your other schedules. You hav                                  | ·   |   | jes, write your                    |
| 2. <b>List</b> sepa  | art 2. As much as possible, list  | nan one creditor has a par   | cured claim, list the creditor<br>ticular claim, list the other creditors<br>order according to the creditor's | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any  |
| Credi 470 N CHIC Gity Who  | RLND BOND tor's Name  1 W FULLERTON umber Street  CAGO IL 60639 State ZIP Code owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | 2007 Kia Sportage  As of the date you file Contingent Unliquidated Disputed  Nature of lien. Check | made (such as mortgage or secured a as tax lien, mechanic's lien) a lawsuit ight to offset)                    | \$9,638.00  | \$2,700.00  | \$6,938.00                         |
| incu   | e debt was <u>1/2015</u><br>rred  | Last 4 digits of accou   | nt number3868  |   |   |                                    |

Add the dollar value of your entries in Column A on this page. Write that number

here:

\$9,638.00

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|   |   | Docume   | ent Page 23 o   | f 72   |                              |                                |                            |
|---|---|--|---|--|------------------------------|--------------------------------|----------------------------|
| Fill in this info   | ormation to identify your case:   |  |   |  |                              |                                |                            |
| Debtor 1  | Monica<br>First Name Middle   | e Name   | Owens<br>Last Name  |  |                              |                                |                            |
| Debtor 2<br>(Spouse, if filing)                               | First Name Middle   | e Name   | Last Name   |  |                              |                                |                            |
| United States   | Bankruptcy Court for the: Northern  | Distri   | ct of Illinois (State)  |  |                              |                                |                            |
| Case number<br>(If known)                                     | r   |  | (Otato)   |  |                              |                                |                            |
| Official I  | Form 106E/F   |  |   | <u> </u>   | Chec                         | k if this is an                | amended filing             |
| Sched   | lule E/F: Creditors   | Who Hav  | ve Unsecur  | ed Claims  |                              |                                | 12/15                      |
| Form 106A/B claims that a the entries in known).  Part 1: Lis | o any executory contracts or unexpired (a) and on Schedule G: Executory Contractive listed in Schedule D: Creditors Who Found the boxes on the left. Attach the Continut All of Your PRIORITY Unsecured                               | ets and Unexpired<br>Hold Claims Secur<br>Inuation Page to the<br>Claims | Leases (Official Form 16 ed by Property. If more s  | 96G). Do not include a<br>space is needed, copy                | ny creditors<br>the Part you | with partial<br>uneed, fill it | lly secured<br>out, number |
| _   | creditors have priority unsecured claim<br>. Go to Part 2.<br>s.  | s against you?   |   |  |                              |                                |                            |
| listed, id<br>As mucl<br>Continu                              | of your priority unsecured claims. If a challentify what type of claim it is. If a claim has has possible, list the claims in alphabetical ation Page of Part 1. If more than one credi explanation of each type of claim, see the in | both priority and n<br>order according to<br>tor holds a particula       | onpriority amounts, list th<br>the creditor's name. If you<br>ar claim, list the other cred | at claim here and show<br>have more than two potors in Part 3. | both priority                | and nonprior                   | ity amounts.               |
| ,   |   |  |   | ,  | Total claim                  | Priority amount                | Nonpriority amount         |
|   | r Creditor's Name ox 7346 er Street   | When w   | ligits of account number<br>as the debt incurred?<br>e date you file, the clair             | n/a  | \$6,000.00                   | \$6,000.00                     | \$0.00                     |
|   | elphia Pennsylvania 19101 State Zip Code ncurred the debt? Check one. ebtor 1 only  | e Unli   | tingent<br>quidated<br>outed  |  |                              |                                |                            |
|   | ebtor 2 only  | Type of  | PRIORITY unsecured cl   | aim:   |                              |                                |                            |
|   | ebtor 1 and Debtor 2 only   | ☐ Don  | nestic support obligations  |  |                              |                                |                            |
|   | t least one of the debtors and another  |  | es and certain other debts<br>ernment   | you owe the  |                              |                                |                            |
| ☐ CI  | heck if this claim relates to a communit  |  | ms for death or personal i<br>xicated   | njury while you were   |                              |                                |                            |
| Is the  | claim subject to offset?  |  | er Specify  |  |                              |                                |                            |

**✓** No Yes Other. Specify \_\_\_\_\_

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| Debto    | 1 Monica First Name Middle Name   | Owens<br>Last Name    | Case number (if known)  |                   |
|----------|---|-----------------------|---|-------------------|
| Part 2   | <b>-</b>  |                       |   |                   |
|          | o any creditors have nonpriority unsecured claims  No. You have nothing to report in this part. Subr  | against you?          | court with your other schedules.  |                   |
| ur<br>If | nsecured claim, list the creditor separately for each clain   | n. For each claim lis | of the creditor who holds each claim. If a creditor has more ted, identify what type of claim it is. Do not list claims already in art 3.If you have more than four priority unsecured claims fill ou   | cluded in Part 1. |
|          |   |                       |   | Total claim       |
| 4.1      | ABILITY RECOVERY SERVI Nonpriority Creditor's Name PO BOX 4031 Number Street  |                       | Last 4 digits of account number 29N1  When was the debt incurred? 12/2015   | \$786.00          |
|          | WYOMING Pennsylvania 1864   | 44 [<br>Code [        | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  001 Collection; Collecting for ORIGINAL CREDITOR: Other. Specify ASHWORTH COLLEGE |                   |
| 4.2      | AFNI, INC.<br>Nonpriority Creditor's Name   | լ                     | ast 4 digits of account number 1441   | \$67.00           |
|          | PO Box 3517  Number Street  Bloomington Illinois 6176 City State Zip C  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community de ls the claim subject to offset?  Yes  | D2 Code [             | As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  001 Collection; Collecting for ORIGINAL CREDITOR: Other. Specify  COMCAST    |                   |
| 4.3      | City of Chicago - Parking and red Light Tickets  Nonpriority Creditor's Name Department of Revenue - PO Box 88292  Number Street  Chicago Illinois 606i City State Zip C  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community de  Is the claim subject to offset?  No | 80<br>Code            | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify due   | \$2,000.00        |

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Debtor 1 Monica Owens Case number (if known)
First Name Middle Name Last Name

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation                          | Page  |             |
|--------|---|---|-------------|
|        | After listing any entries on this page, number them beginning with        | n 4.5, followed by 4.6, and so forth.   | Total claim |
| 4.4    | ComEd   | Last 4 digits of account number   | \$894.00    |
|        | Nonpriority Creditor's Name<br>3 Lincoln Center                           | When was the debt incurred? n/a   |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        | Bankruptcy Section  | Contingent  |             |
|        |   | Unliquidated  |             |
|        | Oakbrook Terrace     Illinois     60181       City     State     Zip Code | Disputed  |             |
|        | Who incurred the debt? Check one.   |   |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  Student loans   |             |
|        | Debtor 2 only   | Obligations arising out of a separation agreement or  |             |
|        | Debtor 1 and Debtor 2 only  | divorce that you did not report as priority claims  |             |
|        | At least one of the debtors and another                                   | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Check if this claim relates to a community debt                           | Other. Specify due  |             |
|        | Is the claim subject to offset?   | _   |             |
|        | ✓ No  |   |             |
|        | Yes   |   |             |
| 4.5    | CREDIT CNTRL Nonpriority Creditor's Name                                  | Last 4 digits of account number 7148  | \$715.00    |
|        | 5757 PHANTOM DR. SUITE 330  | When was the debt incurred? 8/2015  |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        |   | Contingent  |             |
|        | HAZELWOOD Missouri 63042 City State Zip Code                              | Unliquidated  |             |
|        | City State Zip Code  Who incurred the debt? Check one.                    | Disputed  |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | Student loans   |             |
|        | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or  |             |
|        | At least one of the debtors and another                                   | divorce that you did not report as priority claims  |             |
|        | Check if this claim relates to a community debt                           | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Is the claim subject to offset?   | Collection; Collecting for  |             |
|        | ✓ No  | Other. Specify ORIGINAL CREDITOR: MEDICAL   |             |
|        | Yes   |   |             |
| 4.6    | CREDIT MANAGEMENT LP  | Last 4 digits of account number 2323  | \$317.00    |
|        | Nonpriority Creditor's Name<br>PO Box 118288                              | When was the debt incurred? 8/2014  |             |
|        | Number Street   |   |             |
|        |   | As of the date you file, the claim is: Check all that apply.  |             |
|        | Carrollton Texas 75011  | Contingent  |             |
|        | City State Zip Code   | Unliquidated  |             |
|        | Who incurred the debt? Check one.  Debtor 1 only                          | Disputed  |             |
|        | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | <u> </u>  | Student loans   |             |
|        | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | At least one of the debtors and another                                   | Debts to pension or profit-sharing plans, and other similar   |             |
|        | Check if this claim relates to a community debt                           | debts   |             |
|        | Is the claim subject to offset?   | 001 Collection; Collecting for ORIGINAL CREDITOR: WOW   |             |
|        | ✓ No  | Other. Specify INTERNET CABLE PHONE - 1   |             |
|        | Yes   |   |             |

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 Debtor 1 First Name
 Monica
 Owens
 Case number (if known)

 Last Name
 Last Name

| Part 2 |  |   |             |
|--------|--|---|-------------|
|        | After listing any entries on this page, number them beginning wit  | h 4.5, followed by 4.6, and so forth.   | Total claim |
| 4.7    | DIVERSIFIED Nonpriority Creditor's Name Po Box 1391  | Last 4 digits of account number 4543 When was the debt incurred? 2/2017   | \$521.00    |
|        | Number Street  | As of the date you file, the claim is: Check all that apply.  Contingent  |             |
|        | Southgate Michigan 48195 City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another | Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |             |
|        | Check if this claim relates to a community debt Is the claim subject to offset?  | Debts to pension or profit-sharing plans, and other similar debts  Collection; Collecting for   |             |
|        | ✓ No  Yes  | Collection; Collecting for ORIGINAL CREDITOR: 11 Other. Specify DIRECTV   |             |
| 4.8    | SOURCE RECEIVABLES MNG Nonpriority Creditor's Name 4615 DUNDAS DR STE 102 Number Street  | Last 4 digits of account number 0776  When was the debt incurred? 8/2016  As of the date you file, the claim is: Check all that apply.  | \$681.00    |
|        | GREENSBORO North Carolina 27407 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 1 and Debtor 2 only  At least one of the debtors and another  | Ustudent loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar  |             |
|        | Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes  | debts  001 Collection; Collecting for ORIGINAL CREDITOR: PEOPLES Other. Specify GAS LIGHT COKE CO   |             |
| 4.9    | USCB CORP Nonpriority Creditor's Name 101 HARRISON STREE Number Street   | Last 4 digits of account number 8847  When was the debt incurred? 7/2016  As of the date you file, the claim is: Check all that apply.  Contingent  | \$128.00    |
|        | ARCHBALD Pennsylvania 18403 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only   | Unliquidated Disputed   |             |
|        | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt   | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
|        | Is the claim subject to offset?  ✓ No  ✓ Yes   | Collection; Collecting for ORIGINAL CREDITOR: 01 Other. Specify STRATFORD CAREER INSTITUTE  |             |

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Debtor 1 Monica Owens \_ Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 **USCB CORPORATION** \$484.00 9071 Last 4 digits of account number Nonpriority Creditor's Name 101 HARRISON ST When was the debt incurred? 1/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent ARCHBALD 18403 Pennsylvania Unliquidated State City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **✓** ORIGINAL CREDITOR: **✓** No Other. Specify STRATFORD CAREER INSTITUTE Yes

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| ebtor 1                | Monica  |                                    |  | Owens  | Case r  | number <i>(if known)</i>  |
|------------------------|---|------------------------------------|--|--|---|---|
|                        | First Name  |                                    | Middle Name                                  | Last Name  |   |   |
| rt 3:                  | List Others to  | Be Notified A                      | bout a Debt That Y                           | ou Already List  | ed  |   |
| colle<br>colle<br>cred | ection agency is<br>ection agency he<br>litors here. If you<br>old Scott Harris | trying to collectre. Similarly, if | ct from you for a debt<br>you have more than | you owe to some<br>one creditor for a<br>be notified for any | one else, list the ony of the debts that debts in Parts 1 o | ou already listed in Parts 1 or 2. For example, if a priginal creditor in Parts 1 or 2, then list the at you listed in Parts 1 or 2, list the additional or 2, do not fill out or submit this page. |
| Nam                    | e   |                                    |  | On which ent   | ry in Part 1 or Par   | t 2 did you list the original creditor?   |
| 111                    | W. Jackson # 60   | 0                                  |  | Line 4.3   | of (Check   | Part 1: Creditors with Priority Unsecured Claims  |
| Nun                    | nber Street   |                                    |  | <u> </u>   | one):   | Part 2: Creditors with Nonpriority Unsecured Claims   |
| Chic                   | cago  | Illinois                           | 60604  | Last 4 digits  | of account numbe  | r   |
| City                   |   | State                              | Zip Code                                     |  |   |   |

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Debtor 1 Monica Owens Case number (if known)

| First Nar                   | me Middle Name Last Name  |     |  |
|-----------------------------|---|-----|--|
| Part 4: Add th              | ne Amounts for Each Type of Unsecured Claim   |     |  |
| 6. Total the a              | mounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.   |     | statistical reporting purposes only. 28 U.S.C. §159.  Total claims |
|                             |   |     | Total Ciallis  |
| Total claims<br>from Part 1 | 6a. Domestic support obligations.   | 6a. | \$0.00   |
|                             | 6b. Taxes and certain other debts you owe the government  | 6b. | \$6,000.00   |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | 6c. | \$0.00   |
|                             | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$0.00   |
|                             | 6e. Total. Add lines 6a through 6d.   |     | \$6,000.00   |
|                             |   |     | Total claims   |
| Total claims from Part 2    | 6f. Student loans   | 6f. | \$0.00   |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00   |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$0.00   |
|                             | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$6,593.00   |
|                             | 6j. Total. Add lines 6f through 6i.   | 6j. | \$6,593.00   |

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| Fill in this infor  | mation to identify your ca | ase:        |                      |   |
|---------------------|----------------------------|-------------|----------------------|---|
| Debtor 1            | Monica                     |             | Owens                |   |
|                     | First Name                 | Middle Name | Last Name            |   |
| Debtor 2            |                            |             |                      |   |
| (Spouse, if filing) | First Name                 | Middle Name | Last Name            |   |
| United States B     | ankruptcy Court for the:   | Northern    | District of Illinois |   |
| Case number         |                            |             | (State)              |   |
| (If known)          |                            |             |                      | - |

#### Official Form 106G

#### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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|                     |   | DC  | ocument ra                   | gc or or | 112   |
|---------------------|---|---|------------------------------|----------|---|
| Fill in this info   | rmation to identify your c                | ase:  |                              |          |   |
| Debtor 1            | Monica<br>First Name                      | Middle News   | Owens                        |          |   |
| Debtor 2            |   | Middle Name   | Last Name                    |          |   |
| (Spouse, if filing) | First Name                                | Middle Name   | Last Name                    |          |   |
| United States       | Bankruptcy Court for the:                 | Northern  | District of Illinois (State) |          |   |
| Case number         |   |   | (Glate)                      |          |   |
|                     |   |   |                              |          | Check if this is a amended filing   |
| <u>Official</u>     | Form 106H                                 |   |                              |          |   |
| Schedu              | le H: Your Cod                            | debtors   |                              |          | 12/1:   |
| 1. Do you h         | 3   | ou are filing a joint case, do                        | ·                            |          | or.)  unity property states and territories include Arizona, California,  |
| Idaho, Lo           | ouisiana, Nevada, New Me<br>Go to line 3. | cico, Puerto Rico, Texas, Wer spouse, or legal equiva | ashington, and Wiscor        | nsin.)   |   |
|                     | Yes. In which community                   | ty state or territory did you                         | u live?                      | Fill in  | the name and current address of that person.  |
|                     | Name of your spouse, t                    | ormer spouse, or legal equ                            | ivalent                      |          |   |
|                     | Number Street                             |   |                              |          |   |
|                     | City                                      | State   | Zip                          | Code     |   |
|                     |   | -   | •                            |          | oouse is filing with you. List the person shown in line 2 ted the creditor on <i>Schedule D</i> (Official Form 106D), |

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

Official Form 106H Schedule H: Your Codebtors page 1

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|  | nation to identify   |   |  |                                 |  |  |                             |  |
|--|--|---|--|---------------------------------|--|--|-----------------------------|--|
| Debtor 1 Me  | onioo  | your odde.  | Ouene  |                                 |  |  |                             |  |
|  | onica<br>rst Name  | Middle Name   | Owens<br>Last Na   |                                 | - Cha  | als if this is   |                             |  |
| Debtor 2   |  |   |  |                                 |  | ck if this is:   |                             |  |
| (Spouse, if filing) Fir  | rst Name   | Middle Name   | Last Na  | ame                             |  | An amended filing  |                             |  |
| United States Ban  | nkruptcy Court for   | Northern  | District of Illin  |                                 |  | A supplement showing<br>expenses as of the follo                           |                             |  |
| the:<br>Case number  |  |   | (S   | tate)                           |  |  | 9                           |  |
| (If known)   |  |   |  |                                 | i  | MM / DD / YYYY   |                             |  |
| Official Fo  | orm 106I   |   |  |                                 |  |  |                             |  |
| Schedule   | I: Your Inc  | come  |  |                                 |  |  | 12/                         |  |
| spouse. If more s<br>number (if know   |  | •   |  | _                               |  |  | -                           |  |
| 1. Fill in your en   | nployment  |   | Debtor 1   |                                 |  | Debtor 2   |                             |  |
| information.   |  | Employment status   |  |                                 |  |  |                             |  |
| •  | e more than one job,   | Linployment status  |  | Employed  Not Employed          |  | Employed  Not Employed   |                             |  |
| attach a separa<br>information ab  |  |   | Not Employed   |                                 |  | Not Employed   |                             |  |
| employers.   |  | Occupation  | Public Safety Officer  |                                 | _  |  |                             |  |
|  | ne, seasonal, or   | Employer's name   | Holy Cross   | Hospital                        |  |  |                             |  |
| •  | W/Ork  |   | 2701 W 68th St   |                                 |  |  |                             |  |
| self-employed  |  | Employer's address  | 2701 W 68  | otti St                         |  |  |                             |  |
| self-employed  | ay include student   | Employer's address  | Number Stre  |                                 |  | Number Street  |                             |  |
| self-employed  Occupation ma   | ay include student   | Employer's address  | Number Stre  | eet                             |  | Number Street  |                             |  |
| self-employed  Occupation ma   | ay include student   | Employer's address  | Number Stro  |                                 | 60629<br>Zip Code                                  |  | State Zip Code              |  |
| self-employed  Occupation ma   | ay include student   | How long employed   | Number Stre  | Illinois                        | 60629<br>Zip Code                                  | Number Street  City  | State Zip Code              |  |
| self-employed Occupation ma  | ay include student<br>r, if it applies.  |   | Number Stro  | Illinois                        |  |  | State Zip Code              |  |
| Self-employed Occupation mayor homemaker  Part 2: Give Description:  Estimate month spouse unless you  | ay include student r, if it applies.  Details About M hly income as of to ou are separated.                            | How long employed there?  | Chicago City  1. If you have   | Illinois State                  | Zip Code<br>rt for any line, v                     | City vrite \$0 in the space. In  | -<br>iclude your non-filing |  |
| Part 2: Give E  Estimate month spouse unless your figure or solution or soluti | ay include student r, if it applies.  Details About M hly income as of to ou are separated.                            | How long employed there?  Ionthly Income he date you file this form   | Chicago City  1. If you have   | Illinois State  nothing to repo | Zip Code<br>rt for any line, v                     | City  vrite \$0 in the space. In rathat person on the lin  For Debtor 2 or | -<br>iclude your non-filing |  |
| Part 2: Give E  Estimate month spouse unless your more space, atta   | Details About Monthly income as of the pure separated. In-filing spouse have ach a separate sheet by gross wages, sala | How long employed there?  Ionthly Income he date you file this form   | Chicago City  1. If you have a combine the interest of the combine the combine the interest of the combine the com | Illinois State  nothing to repo | Zip Code<br>rt for any line, v<br>all employers fo | City  vrite \$0 in the space. In that person on the lin                    | -<br>iclude your non-filing |  |
| Part 2: Give E  Estimate month spouse unless you or your nor more space, atta  2. List monthly deductions.) be.  | Details About Monthly income as of the pure separated. In-filing spouse have ach a separate sheet by gross wages, sala | How long employed there?  Ionthly Income  he date you file this form emore than one employer, et to this form.  ry, and commissions (before calculate what the monthly the complex to the calculate what the monthly the calculate what the calculate | Chicago City  1. If you have a combine the interest of the combine the combine the interest of the combine the com | Illinois State  nothing to repo | Zip Code  rt for any line, v  all employers fo     | City  vrite \$0 in the space. In rathat person on the lin  For Debtor 2 or | -<br>Iclude your non-filing |  |

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| Debtor 1 Monica   | Owens                 | Case number           | r (if             |                |
|---|-----------------------|-----------------------|-------------------|----------------|
| First Name Middle Name  | Last Name             | known) For Debtor 1   | For Debtor 2 or   |                |
| Copy line 4 here  | <b>→</b> 4.           | \$2,524.34            | non-filing spouse |                |
| 5. List all payroll deductions:   |                       | _                     |                   |                |
| 5a. Tax, Medicare, and Social Security deductions   | 5a.                   | \$480.91              |                   |                |
| 5b. Mandatory contributions for retirement plans  | 5b.                   | \$22.58               |                   |                |
| 5c. Voluntary contributions for retirement plans  | 5c.                   | \$0.00                |                   |                |
| 5d. Required repayments of retirement fund loans  | 5d.                   | \$0.00                |                   |                |
| 5e. Insurance   | 5e.                   | \$0.00                |                   |                |
| 5f. Domestic support obligations  | 5f.                   | \$0.00                |                   |                |
| 5g. Union dues  | •                     | \$0.00                |                   |                |
|   | 5g.<br>5h. +          | \$0.00 +              |                   |                |
| 6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e +$   | -                     | \$503.49              |                   |                |
| +5h.  7. Calculate total monthly take-home pay. Subtract line 6 from line.  | ne 4. 7.              | \$2,020.8 <u>5</u>    |                   |                |
| 8. List all other income regularly received:  |                       |                       |                   |                |
| 8a. Net income from rental property and from operating a business, profession, or farm  |                       |                       |                   |                |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, ar the total monthly net income.  | nd<br>8a. <u>.</u>    | \$0.00                |                   |                |
| 8b. Interest and dividends  | 8b.                   | \$0.00                |                   |                |
| 8c. Family support payments that you, a non-filing spouse, o dependent regularly receive  | or a                  |                       |                   |                |
| Include alimony, spousal support, child support, maintenanc divorce settlement, and property settlement.  | e,<br>8c. <u> </u>    | \$0.00                |                   |                |
| 8d. Unemployment compensation   | 8d.                   | \$0.00                |                   |                |
| 8e. Social Security   | 8e.                   | \$0.00                |                   |                |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benef under the Supplemental Nutrition Assistance Program) or housing subsidies Specify:  | its<br>8f.            | \$0.00                |                   |                |
| 8g. Pension or retirement income  | 8g.                   | \$0.00                |                   |                |
| 8h. Other monthly income. Specify:  | 8h. +                 | \$0.00 +              |                   |                |
| 9. <b>Add all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g  |                       | \$0.00                |                   |                |
| 10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing  | 10. spouse            | \$2,020.85 +          | =                 | \$2,020.85     |
| <ol> <li>State all other regular contributions to the expenses that y         Include contributions from an unmarried partner, members of you             friends or relatives.     </li> <li>Do not include any amounts already included in lines 2-10 or am</li> </ol>  | ur household, your d  | ependents, your roomn |                   |                |
| Specify:  |                       |                       | 11.               | + \$0.00       |
| 12. Add the amount in the last column of line 10 to the amount Write that amount on the Summary of Schedules and Statistical Statisti |                       |                       | ,                 | \$2,020.85     |
| 13. Do you expect an increase or decrease within the year afte  | r you file this form? |                       |                   | monthly income |
|   |                       |                       |                   |                |

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|                                  |  | Docu   | ment Page 34 of 72   | 2                        |  |              |
|----------------------------------|--|--|--|--------------------------|--|--------------|
| Fill in this infor               | mation to identify y                   | our case:  |  |                          |  |              |
| Debtor 1                         | Monica                                 |  | Owens  |                          |  |              |
| Debtor 2                         | First Name                             | Middle Name  | Last Name  | Check if this is:        |  |              |
| (Spouse, if filing)              | First Name                             | Middle Name  | Last Name  | An amended fili          | ng                                     |              |
| United States B                  | Bankruptcy Court for                   | r the: Northern [  | District of Illinois   |                          | howing post-peti<br>the following date | •            |
| Case number                      |  |  | (State)  | expenses as or           | the following date                     | <b>G.</b>    |
| (If known)                       |  |  |  | MM / DD / YYY            | Y                                      |              |
| Official                         | Form 106                               | SJ   |  |                          |  |              |
| Schedul                          | e J: Your E                            | <br>xpenses  |  |                          |  | 12/15        |
| information. If (if known). Ans  |  |  |  |                          |  | number       |
| 1. Is this a joi                 | nt case?                               |  |  |                          |  |              |
| ✓ No. Go                         | o to line 2                            |  |  |                          |  |              |
| Yes. D                           | oes Debtor 2 live i                    | n a separate household?  |  |                          |  |              |
| <sup>-</sup>                     | No                                     |  |  |                          |  |              |
| ]                                | Yes. Debtor 2 m                        | ust file Official Forms 106J-2, Expen  | ses for Separate Household of Debi                           | for 2.                   |  |              |
| 2. Do you hav                    | e dependents?                          | No   |  |                          |  |              |
| Do not list I<br>Debtor 2.       | Debtor 1 and .                         | Yes. Fill out this information for each dependent                              | Dependent's relationship to<br>Debtor 1 or Debtor 2<br>Child | Dependent's age 14 years | Does depend with you?  No.  Yes.       | dent live    |
|                                  | penses include                         | <b>V</b> No  |  |                          |  |              |
| than<br>yourself an<br>dependent | •                                      | Yes  |  |                          |  |              |
|                                  |  | oing Monthly Expenses  |  |                          |  |              |
|                                  | of a date after the                    | our bankruptcy filing date unless y<br>bankruptcy is filed. If this is a sup   |  |                          |  |              |
|                                  | •                                      | non-cash government assistance i<br>ded it on Sc <i>hedule I: Your Incom</i> e | •  |                          | Yo                                     | our expenses |
|                                  | I or home ownershor the ground or lot. | ip expenses for your residence. In<br>4.                                       | clude first mortgage payments and                            |                          | 4.                                     | \$699.00     |
|                                  | luded in line 4:                       |  |  |                          |  |              |
| 4a. Real e                       | state taxes                            |  |  |                          | 4a                                     | \$0.00       |

\$0.00

\$0.00

\$0.00

4b.

4c.

4d.

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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|  | First Name                                | Wildlie Name Last Name   |             |               |
|--|---|--|-------------|---------------|
|  |   |  |             | Your expenses |
| 6a. Electricity, heat, natural gas         6a.         \$180.00           6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$121.00           6d. Other. Specify:         6d.         \$5.00           7. Food and housekeeping supplies         7.         \$360.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$40.00           10. Personal care products and services         11.         \$0.00           11. Medical and dental expenses         11.         \$0.00           11. Medical and dental expenses         11.         \$0.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$10.00           Do not include car payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$20.00           15. Install insurance         15.         \$0.00           15b. Health insurance         15.         \$0.00           15c. Vahicle Insurance         15.         \$0.00           15c. Varietion Insurance. Specif   | 5. Additional mortgage payments for ye    | our residence, such as home equity loans                               | 5.          | \$0.00        |
| 6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$121.00           6d. Other, Specify:         7.         \$360.00           7. Food and housekceping supplies         7.         \$360.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$40.00           10. Personal care products and services         10.         \$550.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$100.00           10. not include care payments         13.         \$0.00           14. Charitable contributions and religious donations         13.         \$0.00           15. Insurance.         15         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance         15a         \$0.00           15c. Vehicle insurance         15b         \$0.00           15c. Vehicle insurance         15c         \$0.00           15c. Vehicle insurance         15c         \$0.00           15c. Taxes Do not include taxes deducted from your pay or included in lines 4 or 2   | 6. Utilities:                             |  |             |               |
| 6c. Telephone, cell phone, linternet, satellite, and cable services 6d. Chther. Specify: 6d. Other. Specify: 7. Food and housekeeping supplies 8. \$0.00 7. Food and housekeeping supplies 8. Childcare and children's education costs 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$40.00 10. Personal care products and services 11. \$50.00 11. Medical and dental expenses 11. \$0.00 11. Medical and dental expenses 12. \$100.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. 15. Life insurance deducted from your pay or included in lines 4 or 20. 15. Level in insurance deducted from your pay or included in lines 4 or 20. 15. Level in insurance specify: 15. Cybricia insurance 15. Cybricia insurance specify: 15. Cybricia insurance 16. Sybricia insurance 17. Installment or lease payments: 17. Car payments for Vehicle 1 17. Cybricia insurance in clease payments: 17. Cybricia insurance in cybricia in the cybricia insurance in cybricia in the cybricia insurance in cybricia in the cybricia insurance in cybricia insuran | 6a. Electricity, heat, natural gas        |  | 6a.         | \$180.00      |
| 6d. Other Specify:   | 6b. Water, sewer, garbage collection      |  | 6b.         | \$0.00        |
| 7. Food and housekeeping supplies         7.         \$360.00           8. Childran's and childran's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$40.00           10. Personal care products and services         10.         \$550.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$100.00           Do not include car payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$20.00           15. Insurance.         15a         \$0.00           Do not include insurance ededucted from your pay or included in lines 4 or 20.         15a         \$0.00           15b. Health insurance         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Vehicle insurance. Specify:         15a         \$0.00           15c. Vehicle insurance. Spec   | 6c. Telephone, cell phone, Internet, sa   | tellite, and cable services  | 6c.         | \$121.00      |
| 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$40.00 10. Personal care products and services 11. \$50.00 11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16 \$0.00 15d. Other insurance. Specify: 17c. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18c. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments of unker to support others who do not live with you.  Specify: 20a. Mortgages on other property 20a. Mortgages on ther property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance   | 6d. Other. Specify:                       |  | 6d          | \$0.00        |
| 9. Clothing, laundry, and dry cleaning       9, \$40.00         10. Personal care products and services       10. \$50.00         11. Medical and dental expenses       11. \$0.00         12. Transportation, Include gas, maintenance, bus or train fare.       12. \$100.00         Do not include car payments       13. \$0.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$0.00         14. Charitable contributions and religious donations       15. Insurance.         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance         15b. Health insurance       15b       \$0.00         15c. Vehicle insurance       15c       \$0.00         15c. Vehicle insurance. Specify:       15d       \$0.00         15c. Vehicle insurance. Specify:       15d       \$0.00         15c. Vehicle insurance.       15c       \$0.00         15c. Vehicle insurance  | 7. Food and housekeeping supplies         |  | 7.          | \$360.00      |
| 10. Personal care products and services       10. \$50.00         11. Medical and dental expenses       11. \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12. \$100.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$0.00         14. Charitable contributions and religious donations       14. \$20.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a. \$0.00         15a. Life insurance       15b. \$0.00       \$0.00         15b. Health insurance       15c. \$0.00       \$0.00         15c. Vehicle insurance       15c. \$0.00         15c. Vehicle insurance. Specify:       15c. \$0.00         15c. Vehicle taxes deducted from your pay or included in lines 4 or 20.       \$0.00         \$pecify:       15c       \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         \$pecify:       15c       \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         17b. Car payments for Vehicle 2       17b. \$0.00         17c. Car payments for Vehicle 2       17b. \$0.00         17c. Other. Specify:       17c       \$0.00         17c.   | 8. Childcare and children's education of  | costs  | 8.          | \$0.00        |
| 11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$100.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$20.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a.       \$0.00         15b. Health insurance       15a.       \$0.00  | 9. Clothing, laundry, and dry cleaning    |  | 9.          | \$40.00       |
| 12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   \$100.00     13.   Entertainment, clubs, recreation, newspapers, magazines, and books   13.   \$0.00     14.   Charitable contributions and religious donations   14.   \$20.00     15.   Insurance.  | 10. Personal care products and service    | es   | 10.         | \$50.00       |
| Do not include car payments   13.   13.   13.   13.   13.   13.   14.          | 11. Medical and dental expenses           |  | 11.         | \$0.00        |
| 14. Charitable contributions and religious donations       14.       \$20.00         15. Insurance.       20.00         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a.       \$0.00         15b. Lefaith insurance       15b.       \$0.00         15c. Vehicle insurance       15c.       \$0.00         15d. Other insurance. Specify:       15d.       \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$9.00         Specify:       16       \$0.00         17. Installment or lease payments:       17a.       \$0.00         17a. Car payments for Vehicle 1       17a.       \$0.00         17b. Car payments for Vehicle 2       17b.       \$0.00         17c. Other. Specify:       17c.       \$0.00         17c. Other. Specify:       17c.       \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       \$0.00         Specify:       19.       \$0.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a.       \$0.00  | T =                                       | ance, bus or train fare.   | 12.         | \$100.00      |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. \$0.00 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. \$0.00 15d. Other insurance. Specify: 15d. \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 17l. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. \$0.00 17d. Other. Specify: 17d. Specify: 17d. \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061).  18. Your payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. \$0.00 20b. Real estate taxes. 20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses.   | 13. Entertainment, clubs, recreation, n   | ewspapers, magazines, and books  | 13.         | \$0.00        |
| Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance   15a   \$0.00 15b. Health insurance   15b   \$0.00 15c. Vehicle insurance   15c   \$0.00 15c. Vehicle insurance   15c   \$0.00 15d. Other insurance. Specify:   15d   \$0.00 15d. Other insurance. Specify:   16   \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:   16   \$0.00 17. Installment or lease payments:   17a   \$0.00 17b. Car payments for Vehicle 1   17a   \$0.00 17c. Other. Specify:   17b   \$0.00 17c. Other. Specify:   17c   \$0.00 17d. Other. Specify:   17d   \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   18. 19. Other payments you make to support others who do not live with you. Specify:   19.   \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property   20a   \$0.00 20b. Real estate taxes.   20b   \$0.00 20c. Property, homeowner's, or renter's insurance   20c   \$0.00 20d. Maintenance, repair, and upkeep expenses.   20d   \$0.00  | 14. Charitable contributions and religion | ous donations  | 14.         | \$20.00       |
| 15b  |   | m your pay or included in lines 4 or 20.                               |             |               |
| 15c. Vehicle insurance   | 15a. Life insurance                       |  | <b>1</b> 5a | \$0.00        |
| 15d. Other insurance. Specify:   | 15b. Health insurance                     |  | 15b         | \$0.00        |
| Specify:   |   |  | 15c         | \$0.00        |
| Specify:   | 15d. Other insurance. Specify:            |  | 15d         | \$0.00        |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  | 16. Taxes. Do not include taxes deducted  | from your pay or included in lines 4 or 20.                            |             |               |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. Other. Specify:  17d. S0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00  | Specify:                                  |  | 16          | \$0.00        |
| 17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. \$0.00  17d. Other. Specify:  17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00   | 17. Installment or lease payments:        |  |             |               |
| 17c. Other. Specify:   | 17a. Car payments for Vehicle 1           |  | 17a         | \$0.00        |
| 17d. Other. Specify:   | 17b. Car payments for Vehicle 2           |  | 17b         | \$0.00        |
| 17d. Other. Specify:   | 17c. Other. Specify:                      |  | 17c         | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20c. \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00   |   |  | 17d         | \$0.00        |
| 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20b. \$0.00  20c. Property, homeowner's, or renter's insurance  20c. \$0.00  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00   |   |  |             | \$0.00        |
| Specify:   |   | •  | 18.         |               |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00   |   | rt others who do not live with you.                                    | 10          | <b>\$0.00</b> |
| 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00   | · -                                       | cluded in lines 4 or 5 of this form or on Schedule I: Your Income      | 19.         | <del></del>   |
| 20b. Real estate taxes.  20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00  |   | ordered in lines 4 or 6 or this form of on concedure it. Four modifies | 20a         | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00   |   |  |             | -             |
| 20d. Maintenance, repair, and upkeep expenses.  20d \$0.00   | 20c. Property, homeowner's, or renter     | s insurance  |             |               |
|  | 20d. Maintenance, repair, and upkeep      | expenses.  |             | -             |
|  | 20e. Homeowner's association or cond      | dominium dues  | 20e         | \$0.00        |

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| Debtor 1 Monic  |  |                          | Owens   | Case number (if known) |     |            |
|---|--|--------------------------|---|------------------------|-----|------------|
| First N   | lame   | Middle Name              | Last Name   |                        |     |            |
| 21. Other. Spe  | cify:  |                          |   |                        | 21  | \$0.00     |
| 00 Coloulata  |  | _                        |   |                        |     |            |
| 22. Calculate your monthly expenses.                          |  |                          |   |                        |     | \$1,570.00 |
| 22a. Add lines 4 through 21.                                  |  |                          |   |                        |     | \$0.00     |
|   | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |                          |   |                        |     | \$1,570.00 |
| 22c. Add lir  | e 22a and 22b. The resu  | alt is your monthly expe | enses.  |                        | 22. |            |
| 23. Calculate   | our monthly net incon  | ne.                      |   |                        |     |            |
| 23a. Copy I   | ine 12 (your combined n  | nonthly income) from S   | Schedule I.   |                        | 23a | \$2,020.85 |
| 23b. Copy   | your monthly expenses f  | rom line 22 above.       |   |                        | 23b | \$1,570.00 |
| 23c. Subtract your monthly expenses from your monthly income. |  |                          |   |                        |     | \$450.85   |
| The re  | The result is your monthly net income.   |                          |   |                        | 23c |            |
|   |  |                          | oan within the year or do y<br>nodification to the terms of |                        |     |            |

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| Fill in this information to identify your case: |            |             |                              |  |  |  |  |  |
|---|------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1  | Monica     |             | Owens                        |  |  |  |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2  |            |             |                              |  |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number<br>(If known)                       |            | _           | (State)                      |  |  |  |  |  |

#### Official Form 106Dec

### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |  |
|-----|--|---|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to h                                    | nelp you fill out bankruptcy forms?   |  |
|     | ✓ No   |   |  |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |
|     |  |   |  |
|     |  |   |  |
|     | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and   |  |
|     | •  |   |  |
| X   | /s/ Monica Owens   | *   |  |
|     | Signature of Debtor 1  | Signature of Debtor 2   |  |
|     | Date 7/19/2017   | Date  |  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |  |

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| Fill in this info               | ormation to identify your                    | case:                           |   |                    |         |                 |                            |
|---------------------------------|--|---------------------------------|---|--------------------|---------|-----------------|----------------------------|
| Debtor 1                        | Monica                                       |                                 | Owens   |                    |         |                 |                            |
|                                 | First Name                                   | Middle N                        |   | <del></del>        |         |                 |                            |
| Debtor 2<br>(Spouse, if filing) | First Name                                   | Middle N                        | lame Last Name  | <br>e              |         |                 |                            |
| United States                   | Bankruptcy Court for the                     | : Northern                      | District of Illinoi                                     | s                  |         |                 |                            |
| Case number                     |  |                                 | (State  | <del>)</del>       |         |                 |                            |
| (If known)                      |  |                                 |   |                    |         |                 | Check if this is a         |
| Official                        | Form 107                                     |                                 |   |                    |         |                 | amended filing             |
| Stateme                         | ent of Financi                               | al Δffairs f                    | or Individuals I  | Filina for F       | Rankru  | intev           | 04/1                       |
| information.<br>number (if ki   | If more space is need<br>nown). Answer every | led, attach a sepa<br>question. | arried people are filing tarate sheet to this form.     | On the top of a    |         |                 |                            |
|                                 | s your current marital s                     |                                 | and Where You Lived                                     | beiore             |         |                 |                            |
| - N                             |  | tatus:                          |   |                    |         |                 |                            |
|                                 | arried<br>ot married                         |                                 |   |                    |         |                 |                            |
|                                 |  |                                 |   | _                  |         |                 |                            |
|                                 |  | ou lived anywnere               | other than where you liv                                | e now?             |         |                 |                            |
| ☐ No                            |  | ou lived in the last            | 3 years. Do not include v                               | where you live now | v       |                 |                            |
| <b>□</b> 10                     | s. List all of the places                    | od iived iii tile iast          | o years. Do not include v                               | niere you live nov | v.      |                 |                            |
| De                              | ebtor 1:                                     |                                 | Dates Debtor 1 lived there                              | Debtor 2:          |         |                 | Dates Debtor 2 lived there |
|                                 |  |                                 |   | Same as D          | ebtor 1 |                 | Same as Debtor 1           |
| 12                              | 927 S. Lowe                                  |                                 |   | _                  |         |                 | _                          |
| Nu                              | ımber Street                                 |                                 | From  | Number Street      |         |                 | From                       |
| _                               |  |                                 | To <u>10/2014</u>                                       |                    |         |                 | To                         |
| Cr<br>Cit                       | nicago Illinois<br>ty State                  | 60628<br>Zip Code               |   | City               | State   | Zip Code        |                            |
|                                 |  |                                 |   | Same as D          | ebtor 1 |                 | Same as Debtor 1           |
|                                 |  |                                 | _   | _                  |         |                 | _                          |
| Nu                              | ımber Street                                 |                                 | From  | Number Street      |         |                 | From                       |
|                                 |  |                                 | То  | -                  |         |                 | То                         |
| Cit                             | ty State                                     | Zip Code                        |   | City               | State   | Zip Code        |                            |
| 0 W:+L: ::                      | an look O was                                | array live suith a sec          | anna an land a subset of the                            |                    |         | o ou touult0 // | lammunitu nyara-tu-tata-   |
|                                 |  |                                 | ouse or legal equivalent i<br>iana, Nevada, New Mexico, |                    |         |                 |                            |
| <b>√</b> No                     |  |                                 |   |                    |         |                 |                            |
|                                 | . Make sure you fill out S                   | Schedule H: Your (              | Codebtors (Official Form 1                              | Ю6H).              |         |                 |                            |

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Owens

Debtor 1 Monica Case number (if known) Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$6000.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, \$23000.00 Wages, For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, **✓** \$24000.00 For the calendar year before that: commissions, commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2016 For the calendar year before that: (January 1 to December 31, 2015

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Owens Debtor 1 Monica \_\_ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or

vendors
Other

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| otor 1             | Monica                                  |  |   | Ov  | vens   | Case number                                 | (if known)   |
|--------------------|---|--|---|---|--|---|--|
|                    | First Name                              |  | Middle Name   | Las                                       | st Name                                      |   |  |
| Insi<br>con<br>age | ders include your<br>porations of whicl | relatives; a<br>n you are a<br>for a busin | ny general partners<br>n officer, director, p<br>ess you operate as | s; relatives of any<br>person in control, | general partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting | who was an insider? ou are a general partner; securities; and any managing domestic support obligations, |
| <b>✓</b>           | No                                      |  |   |   |  |   |  |
|                    | Yes. List all pay                       | ments to a                                 | an insider.   | Dates of                                  | Total amount                                 | Amount you                                  | Reason for this payment  |
|                    |   |  |   | payment                                   | paid   | still owe                                   | Troubon for the paymont  |
|                    | Insider's Name                          |  |   |   |  |   |  |
|                    | Number Street                           |  |   |   |  |   |  |
|                    | City                                    | State                                      | Zip Code  |   |  |   |  |
|                    |   |  |   |   |  |   |  |
|                    | Insider's Name                          |  |   |   |  |   |  |
|                    | Number Street                           |  |   |   |  |   |  |
|                    | City                                    | State                                      | Zip Code  |   |  |   |  |
| insi               | der?<br>ude payments on<br>No           | debts gua                                  | ranteed or cosigne  | d by an insider.                          | Total amount paid                            | Amount you still owe                        | n account of a debt that benefited an  Reason for this payment  Include creditor's name                  |
|                    | Insider's Name                          |  |   |   | ·  |   |  |
|                    | Number Street                           |  |   |   |  |   |  |
| -                  | City                                    | State                                      | Zip Code  |   |  |   |  |
|                    |   |  | ·   |   |  |   |  |
|                    | Insider's Name                          |  | ·   | -   |  |   |  |
|                    | Insider's Name  Number Street           |  |   |   |  |   |  |
|                    |   | State                                      | Zip Code  |   |  |   |  |

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Owens Debtor 1 Monica Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debtor   | 1 Monica  |                        | Owens                          | Case number (if known)          |                          |                     |
|----------|---|------------------------|--------------------------------|---------------------------------|--------------------------|---------------------|
|          | First Name  | Middle Name            | Last Name                      | <u> </u>                        |                          |                     |
|          | Vithin 90 days before you file<br>ccounts or refuse to make a |                        |                                | ank or financial institution, s | et off any amou          | unts from your      |
| Γ.       | <b>√</b> No   |                        |                                |                                 |                          |                     |
| <u> </u> | Yes. Fill in the details.                                     |                        |                                |                                 |                          |                     |
| L        | Tes. Fill In the details.                                     |                        |                                |                                 |                          |                     |
|          |   |                        | Describe the action the        | e creditor took                 | Date action              | Amount              |
|          |   |                        |                                |                                 | was taken                |                     |
|          |   |                        | _                              |                                 |                          |                     |
|          | Creditor's Name   |                        |                                |                                 |                          |                     |
|          | N   |                        | =                              |                                 |                          |                     |
|          | Number Street   |                        |                                |                                 |                          |                     |
|          |   |                        | Last 4 digits of account r     | number: XXXX-                   |                          |                     |
|          |   |                        |                                |                                 |                          |                     |
|          | City State  | Zip Code               | -                              |                                 |                          |                     |
|          | •   | •                      |                                |                                 |                          |                     |
|          | /ithin 1 year before you filed<br>ppointed receiver, a custod |                        |                                | possession of an assignee for   | the benefit of           | creditors, a court- |
| Ī.       | No  |                        |                                |                                 |                          |                     |
|          | Yes   |                        |                                |                                 |                          |                     |
| L        | 100   |                        |                                |                                 |                          |                     |
| Part 5:  | List Certain Gifts and  | Contributions          |                                |                                 |                          |                     |
|          |   |                        |                                |                                 |                          |                     |
| 13.      | Within 2 years before you file                                | ed for bankruptcy, die | d you give any gifts with a to | otal value of more than \$600   | per person?              |                     |
| -        | <b>√</b> No   |                        |                                |                                 |                          |                     |
|          | <u>·</u>  | ooob gift              |                                |                                 |                          |                     |
|          | Yes. Fill in the details for                                  | -                      |                                |                                 |                          |                     |
|          | Gifts with a total value of<br>per person                     | of more than \$600     | Describe the gifts             |                                 | Dates you gave the gifts | Value               |
|          |   |                        |                                |                                 |                          |                     |
|          | Person to Whom You Gav  | e the Gift             | -                              |                                 |                          |                     |
|          |   |                        | _                              |                                 |                          |                     |
|          |   |                        |                                |                                 |                          |                     |
|          | Number Street   |                        | -                              |                                 |                          |                     |
|          |   |                        |                                |                                 |                          |                     |
|          | City State  | Zip Code               | -                              |                                 |                          |                     |
|          | Person's relationship to yo                                   | u                      |                                |                                 |                          |                     |
|          |   |                        |                                |                                 |                          |                     |
|          |   |                        |                                |                                 |                          |                     |
|          | Person to Whom You Gav  | e the Gift             | -                              |                                 |                          |                     |
|          |   |                        | _                              |                                 |                          |                     |
|          |   |                        |                                |                                 |                          |                     |
|          | Number Street   |                        | -                              |                                 |                          |                     |
|          |   |                        | _                              |                                 |                          |                     |
|          | City State  | Zip Code               |                                |                                 |                          |                     |
|          | Person's relationship to yo                                   | u                      |                                |                                 |                          |                     |
|          |   |                        |                                |                                 |                          |                     |

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| ebtor 1  | Monica   |                                    | Owens Case num   | nber (if known)                       |                        |
|----------|--|------------------------------------|--|---------------------------------------|------------------------|
|          | First Name   | Middle Name                        | Last Name  | · · · · · · · · · · · · · · · · · · · |                        |
|          |  |                                    |  |                                       |                        |
| Wit      | hin 2 years before you filed fo  | or bankruptcy, did                 | you give any gifts or contributions with a to                                      | tal value of more than \$600          | to any charity?        |
| <b>✓</b> | No   |                                    |  |                                       |                        |
|          |  | h aift or contribution             | on.  |                                       |                        |
|          | Yes. Fill in the details for each  | or girt or contribution            | JII.   |                                       |                        |
|          | Gifts or contributions to cha  | arities                            | Describe what you contributed  | Date you                              | Value                  |
|          | that total more than \$600   |                                    |  | contributed                           |                        |
|          |  |                                    |  |                                       |                        |
|          | Charity's Name   |                                    |  |                                       |                        |
|          | Criainly Criainle  |                                    |  |                                       |                        |
|          |  |                                    |  |                                       |                        |
|          | Number Street  |                                    |  |                                       |                        |
|          | Number Street  |                                    |  |                                       |                        |
|          | City State   | Zip Code                           |  |                                       |                        |
|          | Only Online  | 2.0 0000                           |  |                                       |                        |
| t 6·     | List Certain Losses  |                                    |  |                                       |                        |
|          |  |                                    |  |                                       |                        |
| <b>✓</b> | Yes. Fill in the details.  Describe the property you lo how the loss occurred                                    | ost and                            | Describe any insurance coverage for the Include the amount that insurance has paid | d. List loss                          | Value of property lost |
|          |  |                                    | pending insurance claims on line 33 of <i>Sch</i>                                  | nedule                                |                        |
|          |  |                                    | A/B: Property.   | 05/0047                               | Ф0700 00               |
|          | 2007 Kia Sportage  |                                    |  | 05/2017                               | \$2700.00              |
|          | List Certain Payments or   |                                    |  |                                       |                        |
| П        | No   |                                    | r credit counseling agencies for services required                                 |                                       |                        |
| 7        | Yes. Fill in the details.  |                                    |  |                                       |                        |
| V        |  |                                    | Description and value of any premarks  | Data navment                          | Amount of              |
|          |  |                                    | Description and value of any property transferred                                  | Date payment<br>or transfer           | Amount of payment      |
|          |  |                                    | transierreu  | was made                              | payment                |
|          | Command Law Firm   |                                    | Allege de François   |                                       | фо оо                  |
|          | Semrad Law Firm Person Who Was Paid  |                                    | Attorney's Fee - 0.00  | 7/12/2017                             | \$0.00                 |
|          | 11101 S. Western Avenue  |                                    |  |                                       |                        |
|          | Number Street  |                                    |  |                                       |                        |
|          | Number Street  |                                    |  |                                       |                        |
|          |  |                                    |  |                                       |                        |
|          |  |                                    |  |                                       |                        |
|          | Chicago Illinois   | 60643                              |  |                                       |                        |
|          | Chicago Illinois City State  | 60643<br>Zip Code                  |  |                                       |                        |
|          |  |                                    |  |                                       |                        |
|          |  |                                    |  |                                       |                        |
|          | City State  Email or website address   | Zip Code                           |  |                                       |                        |
|          | City State   | Zip Code                           |  |                                       |                        |
|          | City State  Email or website address   | Zip Code                           |  |                                       |                        |
|          | City State  Email or website address   | Zip Code                           |  |                                       |                        |
|          | City State  Email or website address  Person Who Made the Paymer  Person Who Was Paid                            | Zip Code                           |  |                                       |                        |
|          | City State  Email or website address  Person Who Made the Paymer   | Zip Code                           |  |                                       |                        |
|          | City State  Email or website address  Person Who Made the Paymer  Person Who Was Paid                            | Zip Code                           |  |                                       |                        |
|          | City State  Email or website address  Person Who Made the Paymer  Person Who Was Paid                            | Zip Code                           |  |                                       |                        |
|          | City State  Email or website address  Person Who Made the Payment  Person Who Was Paid  Number Street            | Zip Code                           |  |                                       |                        |
|          | City State  Email or website address  Person Who Made the Paymer  Person Who Was Paid                            | Zip Code                           |  |                                       |                        |
|          | City State  Email or website address  Person Who Made the Payment  Person Who Was Paid  Number Street            | Zip Code                           |  |                                       |                        |
|          | City State  Email or website address  Person Who Made the Paymer  Person Who Was Paid  Number Street  City State | Zip Code  nt, if Not You  Zip Code |  |                                       |                        |

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| Debto | or 1 Monica   |   | number (if known)   |                                  |
|-------|---|---|---|----------------------------------|
|       | First Name Middle Name  | Last Name                                       |   |                                  |
| h     | Within 1 year before you filed for bankruptcy, dhelp you deal with your creditors or to make part on the payment or transfer that you lisure. | ayments to your creditors?                      | f pay or transfer any property to a                               | nyone who promised to            |
| Ī     | Yes. Fill in the details.   |   |   |                                  |
|       |   | Description and value of any proper transferred | Date payment or transfer was made                                 | Amount of payment                |
|       | Person Who Was Paid   | <del></del>                                     |   |                                  |
|       | reison wino was raid  |   |   |                                  |
|       | Number Street   | _   |   |                                  |
|       |   | <u> </u>  |   |                                  |
|       | City State Zip Code   |   |   |                                  |
| [     | ✓ No ☐ Yes. Fill in the details.  | Description and value of property transferred   | Describe any property or payments received or debts pain exchange | Date<br>aid transfer was<br>made |
|       | Person Who Received Transfer  |   | in exchange   |                                  |
|       | . 616611 11116 116661166 114116161  |   |   |                                  |
|       | Number Street   |   |   |                                  |
|       | City State Zip Code<br>Person's relationship to you   |   |   |                                  |
|       |   |   |   |                                  |
|       | Person Who Received Transfer  | _   |   |                                  |
|       | Number Street   | _   |   |                                  |
|       |   |   |   |                                  |
|       | City State Zip Code<br>Person's relationship to you   |   |   |                                  |
| b     | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details. | , did you transfer any property to a self-set   | tled trust or similar device of whic                              | ch you are a                     |
|       |   | December and solve of the                       | uto tuo moto uul  | Data                             |
|       |   | Description and value of the prope              | erty transferred  | Date<br>transfer was<br>made     |
|       | Name of trust   |   |   |                                  |

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Owens Debtor 1 Monica Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code

City

State

Zip Code

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Owens Debtor 1 Monica Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Debte |          | Monica               |                 |                     | Owens                                   | Case                    | number (if  | known)        |                  |                    |
|-------|----------|----------------------|-----------------|---------------------|---|-------------------------|-------------|---------------|------------------|--------------------|
|       |          | First Name           |                 | Middle Name         | Last Name                               |                         |             |               |                  |                    |
| 26.   | _        | e you been a part    | y in any judi   | cial or administ    | rative proceeding unde                  | r any environment       | al law? In  | clude settlem | ents and orde    | rs.                |
|       | 넴        |                      | taila           |                     |   |                         |             |               |                  |                    |
|       | Ш        | Yes. Fill in the det | ialis.          |                     | _                                       |                         |             |               |                  |                    |
|       |          |                      |                 |                     | Court or agency                         |                         | Nature o    | f the case    |                  | Status of the case |
|       |          | Case title           |                 |                     |   |                         |             |               |                  | Case               |
|       |          |                      |                 |                     |   |                         |             |               |                  | Pending            |
|       |          |                      |                 |                     | Court Name                              |                         |             |               |                  |                    |
|       |          | Case number          |                 |                     | NumberStreet                            |                         |             |               |                  | On appeal          |
|       |          | Case number          |                 |                     |   |                         |             |               |                  | Concluded          |
|       |          |                      |                 |                     | City State                              | Zip Code                |             |               |                  |                    |
|       |          |                      |                 |                     |   | _                       |             |               |                  |                    |
| Part  | 11:      | Give Details Al      | oout Your       | Business or C       | onnections to Any Bu                    | usiness                 |             |               |                  |                    |
| 27.   | Witl     | nin 4 years before   | you filed for   | bankruptcy, di      | d you own a business or                 | have any of the fo      | ollowing c  | onnections to | any business     | ?                  |
|       |          | A sole propri        | etor or self-   | employed in a tr    | ade, profession, or othe                | er activity, either ful | I-time or p | art-time      |                  |                    |
|       |          | A member of          | f a limited lia | bility company (l   | LLC) or limited liability p             | artnership (LLP)        |             |               |                  |                    |
|       |          | A partner in a       |                 |                     | , | , ,                     |             |               |                  |                    |
|       |          |                      | -               |                     | ve of a corporation                     |                         |             |               |                  |                    |
|       |          |                      |                 |                     | •                                       | un avation              |             |               |                  |                    |
|       |          | An owner or          | at least 5%     | or the voung or t   | equity securities of a cor              | poration                |             |               |                  |                    |
|       | <b>V</b> | No. None of the a    | above applie    | es. Go to Part 12   | <u>.</u>                                |                         |             |               |                  |                    |
|       | Ħ        | Yes. Check all tha   | at apply abo    | ove and fill in the | details below for each                  | business.               |             |               |                  |                    |
|       | _        |                      |                 |                     |   | ure of the busines      | s           | Employer Id   | lentification nu | umber Do not       |
|       |          |                      |                 |                     | ביים ביים ביים ביים ביים ביים ביים ביים |                         | •           |               | ial Security nu  |                    |
|       |          |                      |                 |                     |   |                         |             | EIN:          |                  |                    |
|       |          | Business Name        |                 |                     |   |                         |             | Liiv.         |                  |                    |
|       |          | N                    |                 |                     | <u> </u>                                |                         |             | Datas husin   |                  |                    |
|       |          | Number Street        |                 |                     | Name of account                         | tant or bookkeepe       | -           | Dates busin   | ess existed      |                    |
|       |          | City                 | State           | Zip Code            | —                                       | tant or bookkeepe       | •           | F             | <b>T</b> -       |                    |
|       |          | City                 | State           | Zip Code            |   |                         |             | From          | To               |                    |
|       |          |                      |                 |                     |   |                         |             |               |                  |                    |
|       |          |                      |                 |                     |   |                         |             |               |                  |                    |
|       |          |                      |                 |                     | Describe the nat                        | ure of the busines      | s           | Employer Id   | lentification nu | umber Do not       |
|       |          |                      |                 |                     | 2000.120 1110 1121                      |                         |             |               | ial Security nu  |                    |
|       |          |                      |                 |                     |   |                         |             | EIN:          |                  |                    |
|       |          | Business Name        |                 |                     |   |                         |             |               |                  |                    |
|       |          | Number Street        |                 |                     |   |                         |             | Datas busin   | ess existed      |                    |
|       |          | Number Street        |                 |                     | Name of account                         | tant or bookkeepe       | r           | Dates busin   | ess existed      |                    |
|       |          | City                 | State           | Zip Code            |   | tunt of Bookkoopo       | •           | From          | To               |                    |
|       |          | Oity                 | Otate           | Zip Oode            |   |                         |             | From          | To               |                    |
|       |          |                      |                 |                     |   |                         |             |               |                  |                    |
|       |          |                      |                 |                     |   |                         |             |               |                  |                    |
|       |          |                      |                 |                     | Describe the nat                        | ure of the busines      | s           | Employer Id   | lentification nu | umber Do not       |
|       |          |                      |                 |                     |   |                         |             |               | ial Security nu  |                    |
|       |          |                      |                 |                     |   |                         |             | EIN:          |                  |                    |
|       |          | Business Name        |                 |                     |   |                         |             |               |                  |                    |
|       |          | Nb. C:               |                 |                     | _                                       |                         |             | Dotas         |                  |                    |
|       |          | Number Street        |                 |                     | Name of account                         | tant or bookkooss       |             | Dates busin   | ess existed      |                    |
|       |          | City                 | Ctoto           | 7in Octo            | — Name of account                       | tant or bookkeepe       |             | _             | _                |                    |
|       |          | City                 | State           | Zip Code            |   |                         |             | From          | To               |                    |
|       |          |                      |                 |                     |   |                         |             |               |                  |                    |
|       |          |                      |                 |                     |   |                         |             |               |                  |                    |

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| Deb  | tor 1 M     | Ionica  |                                   |   | Owens                         | Case number (if known)  |
|------|-------------|---|-----------------------------------|---|-------------------------------|---|
|      | Fii         | irst Name   | 1                                 | Middle Name                                 | Last Name                     |   |
| 28.  | credit      | n 2 years before y<br>tors, or other par<br>No<br>/es. Fill in the deta | ties.                             | eankruptcy, did yo                          | u give a financial stateme    | nt to anyone about your business? Include all financial institutions,   |
|      | ш           |   |                                   |   | Date issued                   |   |
|      |             |   |                                   |   | Date Issueu                   |   |
|      | İ           | Name  |                                   |   | MM/DD/YYYY                    |   |
|      |             |   |                                   |   | _                             |   |
|      |             | Number Street   |                                   |   |                               |   |
|      |             | City  | State                             | Zip Code                                    | -                             |   |
|      |             | Oity  | Otate                             | Zip Oode                                    |                               |   |
| Part | 12: 5       | Sign Below  |                                   |   |                               |   |
| t    | true an     | nd correct. I unde<br>ruptcy case can                                   | erstand that n<br>result in fines | naking a false stat<br>s up to \$250,000, ( | ement, concealing proper      | nts, and I declare under penalty of perjury that the answers are ty, or obtaining money or property by fraud in connection with 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      |             | /S/ I   | Monica Owen:                      | 3   |                               | **·   |
|      |             | Signatu   | re of Debtor 1                    |   |                               | Signature of Debtor 2   |
|      |             | Date 7  | /19/2017                          |   |                               | Date  |
|      | Did vou     | ı attach addition   | al nages to V                     | our Statement of                            | Financial Affairs for Individ | uals Filing for Bankruptcy (Official Form 107)?   |
|      |             |   | ui puges to i                     | our otatement or                            | manolal Analis for marvia     | data i milg for Bunkruptoy (omolar i om 101).   |
| ا    | ✓ No        | 1   |                                   |   |                               |   |
|      | Yes         | S   |                                   |   |                               |   |
|      | Did you     | ı pay or agree to   | pay someone                       | who is not an att                           | orney to help you fill out b  | ankruptcy forms?  |
| Г    | <b>√</b> No |   |                                   |   |                               |   |
| Ė    | Yes         | s. Name of person   |                                   |   |                               | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).  |

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B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

|       |  | North              | ern District of Illinois          |                  |                                 |
|-------|--|--------------------|-----------------------------------|------------------|---------------------------------|
| In re | Monica Owens   |                    | (                                 | Case No.         |                                 |
| _     | Debtor   |                    | _                                 |                  | (If known)                      |
|       |  |                    | (                                 | Chapter          | Chapter 13                      |
|       | DISCLOSURE OF  | COMPEN             | SATION OF ATTO                    | RNEY F           | OR DEBTOR                       |
| 1     | . Pursuant to 11 U.S.C. § 329(a) and F compensation paid to me within one rendered or to be rendered on behalf | year before the t  | iling of the petition in bankrupt | cy, or agreed to | be paid to me, for services     |
|       | For legal services, I have agreed to ac  | cept               |                                   |                  | \$4,000.00                      |
|       | Prior to the filing of this statement I h  | ave received       |                                   |                  | \$0.00                          |
|       | Balance Due  |                    |                                   |                  | \$4,000.00                      |
| 2     | . The source of the compensation paid  | to me was:         |                                   |                  |                                 |
|       | <b>J</b> Debtor  | Otl                | ner (specify)                     |                  |                                 |
| 3     | . The source of the compensation paid  | to me is:          |                                   |                  |                                 |
|       | <b>✓</b> Debtor  | Otl                | ner (specify)                     |                  |                                 |
| 4     | I have not agreed to share the abmembers and associates of my la   |                    | ompensation with any other per    | son unless the   | y are                           |
|       | I have agreed to share the above-<br>members or associates of my law<br>the people sharing in the compet       | firm. A copy of    | the agreement, together with a    |                  |                                 |
| 5     | . In return for the above-disclosed fee,   | I have agreed to   | render legal service for all aspe | cts of the bank  | ruptcy case, including:         |
|       | <ul> <li>a. Analysis of the debtor's finan<br/>bankruptcy;</li> </ul>  | cial situation, an | d rendering advice to the debto   | r in determininç | g whether to file a petition in |
|       | b. Preparation and filing of any p   | petition, schedu   | es, statements of affairs and pl  | an which may b   | e required;                     |
|       | c. Representation of the debtor  | at the meeting o   | f creditors and confirmation he   | aring, and any a | djourned hearings thereof;      |
|       | d. Representation of the debtor  | in adversary pro   | ceedings and other contested b    | ankruptcy matt   | ers;                            |
| 6     | . By agreement with the debtor(s), the   | above-disclosed    | fee does not include the follow   | ing services:    |                                 |
|       |  |                    |                                   |                  |                                 |
|       |  |                    |                                   |                  |                                 |
|       |  |                    | CERTIFICATION                     |                  |                                 |
|       | I certify that the foregoing is a complet tor(s) in this bankruptcy proceedings.                               | e statement of a   | ny agreement or arrangement fo    | or payment to m  | ne for representation of the    |
|       | 7/19/2017  |                    | /s/ Kashv                         | al Kaur          |                                 |
|       | Date   |                    | Signature o                       | f Attorney       |                                 |
|       |  |                    | Semrad L                          | aw Firm          |                                 |
|       |  |                    | Name of                           |                  |                                 |
| 1     |  |                    |                                   |                  |                                 |

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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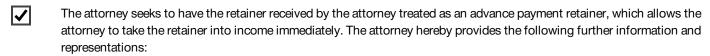
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. *Discharge of the attorney*. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$61.76 for expenses, leaving a balance due of \$4,371.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:    | <u>//19/201/</u> | -                      |
|----------|------------------|------------------------|
| Signed:  |                  |                        |
| /s/ Mon  | ica Owens        | _                      |
|          |                  | /s/ Kashwal Kaur       |
| Debtor(s | s)               | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc">http://www.justice.gov/ust/eo/hapcpa/ccde/cc</a> approved.html

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Owens, Monica                                   | Case No  |                                      |
|-----------------|---|--|--------------------------------------|
| Debtor(s)       |   |  |                                      |
|                 |   | Chapter  | Chapter13                            |
|                 | VERIFICAT                                       | ION OF CREDITOR MAT                                | TRIX                                 |
| Th<br>knowledge | he above named Debtors hereby verify that<br>e. | the attached list of creditors is to               | rue and correct to the best of their |
| Date:           | 7/19/2017                                       | /s/ Owens, Mor<br>Owens, Monica<br>Signature of De | ı                                    |

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OVERLND BOND 4701 W FULLERTON CHICAGO, IL, 60639

ABILITY RECOVERY SERVI PO BOX 4031 WYOMING, PA, 18644

CREDIT CNTRL 5757 PHANTOM DR. SUITE 330 HAZELWOOD, MO, 63042

SOURCE RECEIVABLES MNG 4615 DUNDAS DR STE 102 GREENSBORO, NC, 27407

DIVERSIFIED Po Box 1391 Southgate, MI, 48195

USCB CORPORATION 101 HARRISON ST ARCHBALD, PA, 18403

CREDIT MANAGEMENT LP PO Box 118288 Carrollton, TX, 75011

USCB CORP 101 HARRISON STREE ARCHBALD, PA, 18403

AFNI, INC. PO Box 3517 Bloomington, IL, 61702

IRS 1 PO Box 7346 Philadelphia, PA, 19101

ComEd 3 Lincokln Cetre c/o Sabrina Copelan Villa Park, IL, 60181 City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

Arnold Scott Harris 111 W. Jackson # 600 Chicago, IL, 60604

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

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- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.



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6. Advise the debtor of the need to maintain appropriate insurance.

#### **B.** AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.



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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

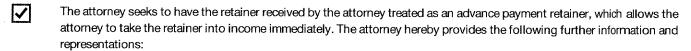
### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.



#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.



#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$61.76 for expenses, leaving a balance due of \$4,371.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Debtor(s)            | )                      | Attorney for Debto | r(s)  | i e |
|----------------------|------------------------|--------------------|-------|-----|
| Signed:<br>/s/ Monid | ca Owens MANIEM COMMON | /s/ Kashwal Kaur   | ICasl | 0   |
|                      |                        |                    |       |     |
| Date:                | 7/12/2017              |                    |       |     |

Do not sign if the fee amounts at top of this page are blank.

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| Debtor 1 Monica First Name  |  |  | ase number (if known)  |
|---|--|--|--|
|   | estions for Reporting Purposes   | Last Name  |  |
| 16. What kind of debts do you have?  17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to | 16a. Are your debts primarily  "incurred by an individua  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily money for a business or i  No. Go to line 16c.  Yes. Go to line 17.  16c. State the type of debts you  No. I am not filing under Chapter expenses are paid that form | r consumer debts? Consumer debts? Consumer debts? Consumer debts? I primarily for a personal, for business debts? Business debts. Business deb | family, or household purpose."  ass debts are debts that you incurred to obtain experation of the business or investment.  The are debts or business debts.  The are debts or business debts.  The are debts or business debts.  The are any exempt property is excluded and administrative ribute to unsecured creditors? |
| unsecured creditors?  |  |  |  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10<br>\$10,000,001-\$1<br>\$50,000,001-\$1<br>\$100,000,001-\$1  | 50 million \$1,000,000,001-\$10 billion 100 million \$10,000,000,001-\$50 billion  |
| 20. How much do you estimate your liabilities to be?  |  | \$1,000,001-\$10<br>\$10,000,001-\$5<br>\$50,000,001-\$1<br>\$100,000,001-\$   | 50 million   |
| Part 7: Sign Below  |  |  |  |
| For you   | correct.  If I have chosen to file under Ch  | apter 7, I am aware that I n   | of perjury that the information provided is true and<br>may proceed, if eligible, under Chapter 7, 11,12, or 13<br>illable under each chapter, and I choose to proceed   |
|   | If no attorney represents me and   | I I did not pay or agree to  | pay someone who is not an attorney to help me fill   |
|   | I understand making a false state connection with a bankruptcy or both. 18 U.S.C. §§ 152, 1341, 1  | th the chapter of title 11, Uement, concealing propert<br>ase can result in fines up to<br>519, and 3571.  | Jnited States Code, specified in this petition.  ty, or obtaining money or property by fraud in to \$250,000, or imprisonment for up to 20 years, or   |
|   | Signature of Debtor 1  | andimmen.  | Signature of Debtor 2  |
|   | Executed on 7/12/2017 MM / DD  | T YYYYY  | Executed on  |

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| Fill in this information to identify you   | ur case:                     |   |                                  |         |
|--|------------------------------|---|----------------------------------|---------|
| Debtor 1 Monica  |                              | Owens   |                                  |         |
| First Name   | Middle Name                  | Last Name   |                                  |         |
| Debtor 2 (Spouse, if filing) First Name  | Middle Name                  | Last Name   |                                  |         |
| United States Bankruptcy Court for the   |                              | District of Illinois  |                                  |         |
|  | TO MONITORIE                 | (State)   |                                  |         |
| Case number<br>(If known)  |                              |   |                                  |         |
| Official Form 106D   | )ec                          |   | Check if this amended filin      |         |
| Declaration About a  | n Individual Deb             | otor's Schedules  | 1:                               | 2/15    |
| If two married people are filing toge  | ther, both are equally resp  | onsible for supplying correct informa   | tion.                            |         |
| Part 1: Sign Below  Did you pay or agree to pay so   | meone who is NOT an attor    | ney to help you fill out bankruptcy for   | rms?                             |         |
| <b>☑</b> No  |                              |   |                                  |         |
| Yes. Name of person  |                              |   |                                  |         |
|  |                              | Attach Bankruptcy Petition Prej<br>Signature (Official Form 119).   | parer's Notice, Declaration, and |         |
| Under penalty of perjury, I decl that they are true and correct.  ** /s/ Monica Owens  Signature of Debtor 1 | are that I have read the sur | Attach Bankruptcy Petition Prep<br>Signature (Official Form 119).  mmary and schedules filed with this design and schedules filed with this design at the schedules filed with | eclaration and                   | Loved . |

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| Debtor 1       | The second secon |                                      | Owens                         | Case number (if known)  |
|----------------|--|--------------------------------------|-------------------------------|---|
|                | First Name   | Middle Name                          | Last Name                     |   |
| 28. Wit<br>cre | thin 2 years before ye<br>editors, or other part   | ou filed for bankruptcy, did<br>ies. | you give a financial state    | nent to anyone about your business? Include all financial institutions  |
|                | No<br>Yes. Fill in the detai   | ls below.                            |                               |   |
|                |  |                                      | Date issued                   |   |
|                | Name   |                                      | MM/DD/YYYY                    | _   |
|                | Number Street  |                                      | <del></del>                   |   |
|                | City   | State Zip Code                       |                               |   |
|                | la   | •                                    |                               |   |
| art 12:        | Sign Below   |                                      |                               |   |
| true a         | ikruptcy case can re   | onica Owens                          | tatement, concealing prop     | ments, and I declare under penalty of perjury that the answers are serty, or obtaining money or property by fraud in connection with o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|                | Signature  | of Debtor 1                          |                               | Signature of Debtor 2   |
|                | Date 7/1   | 2/2017                               |                               | Date  |
| Did y          | ou attach additional   | pages to Your Statement of           | of Financial Affairs for Indi | viduals Filing for Bankruptcy (Official Form 107)?  |
|                | lo   |                                      |                               |   |
|                | 'es  |                                      |                               |   |
| Did yo         | ou pay or agree to pa  | ay someone who is not an a           | attorney to help you fill out | bankruptcy forms?   |
| N E            | lo   |                                      |                               |   |
| ΠY             | es. Name of person   |                                      |                               | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).  |

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## UNITED STATES BANKRUPTCY COURT Northern District of Illinois

| In re:          | Owens, Monica | Case No   |                                      |
|-----------------|---------------|---|--------------------------------------|
|                 | Debtor(s)     | Case IVO.   |                                      |
|                 |               | Chapter.  | Chapter13                            |
|                 | VERIF         | ICATION OF CREDITOR MAT                             | TRIX                                 |
| TI<br>knowledge |               | rify that the attached list of creditors is to      | rue and correct to the best of their |
| Date:           | 7/12/2017     | /s/ Owens, Mon<br>Owens, Monica<br>Signature of Del | There are                            |

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| Debto  | r 1 Monica                                       |  | Owens  | Case number (ffknown)  |  |
|--------|--|--|--|--|--|
|        | First Name                                       | Middle Name  | Last Name  |  |  |
| 16.    | Calculate the median fa                          | mily income that applies to  | you. Follow these steps  | st morret some outer a transport a consideration made (see the consideration of the considera | The second secon |
|        | 16a. Fill in the state in wh                     | ich you live.  | Illinois   |  |  |
|        | 16b. Fill in the number of                       | people in your household.  | 2  |  |  |
|        | household  | nily income for your state and s   | To find  | d a list of applicable median income amounts, go online lay also be available at the bankruptcy clerk's office.  | \$66,487.00  |
| 17.    | How do the lines compa                           | •  | ioi una ioini. Tina ilat in                                    | ay also be available at the ballitupicy clerk's office.  |  |
| ,      | 17a.  Line 15b is less                           | than or equal to line 16c. On t  | he top of page 1 of this<br>Do NOT fill out <i>Calculati</i> d | form, check box 1, <i>Disposable income is not determined on of Disposable Income</i> (Official Form 122C-2).  |  |
| *      | U.S.C. § 1325(b                                  | e than line 16c. On the top of p<br>o)(3). <b>Go to Part 3 and fill out</b><br>current monthly income from | Calculation of Dispos  | ck box 2, <i>Disposable income is determined under 11</i> sable Income (Official Form 122C-2). On line 39 of that  |  |
| Part 3 | Calculate Your Co                                | mmitment Period Under  | 11 U.S.C. §1325(b)   | )(4)   |  |
| 18.    | Copy your total average                          | monthly income from line 1   | 1.   |  | \$2,554.06   |
|        |  |  |  | s not filing with you, and you contend that calculating the your spouse's income, copy the amount from line 13.  | -  |
|        | 19a. If the marital adjustm                      | ent does not apply, fill in 0 on   | line 19a.  |  | -\$0.00  |
|        | 19b. Subtract line 19a fr                        | om line 18.  |  |  | \$2,554.06   |
| 20.    | Calculate your current n                         | nonthly income for the year.   | Follow these steps:  |  | <u> </u>   |
|        | 20a. Copy line 19b.                              |  |  |  | \$2,554.06   |
|        | Multiply by 12 (the n                            | umber of months in a year).  |  |  | x 12   |
|        | 20b. The result is your cur                      | rent monthly income for the ye   | ear for this part of the fo                                    | rm.  | \$30,648.72  |
|        | 20c. Copy the median fam                         | nily income for your state and s   | size of household from I                                       | ine 16c.   | \$66,487.00  |
| 21.    | How do the lines compa                           | re?  |  |  |  |
|        |  | ine 20c. Unless otherwise orde<br>3 years. Go to Part 4.   | ered by the court, on the                                      | e top of page 1 of this form, check box 3, The   |  |
|        | Line 20b is more than 4, <i>The commitment p</i> | or equal to line 20c. Unless of<br>eriod is 5 years. Go to Part 4.   | therwise ordered by the  | court, on the top of page 1 of this form, check box  |  |
| Part 4 | Sign Below                                       |  |  |  |  |
|        | By signing here, I decl                          | lare under penalty of perjury tha  | at the information on thi                                      | is statement and in any attachments is true and correct.   |  |
|        | /s/ Monica Ow<br>Signature of Debte              | TIVILLY XXX  | m) x   | Signature of Debtor 2  |  |
|        | Date 7/12/2017                                   |  |  | Date   |  |
|        | MM/DD/YY   | Ϋ́Υ  |  | MM/DD/YYYY   |  |
|        |  | o NOT fill out or file Form 1220<br>I out Form 122C-2 and file it w  |  | of that form, copy your current monthly income from line   | 14   |